

EMPLOYEE INFORMATION – REQUIRED FIELD *

Employee Name *	
Employee Title *	
Employee Number *	
Department *	
Division *	
Supervisor Name *	
Request Date *	
Start Date *	
Position *	<input type="checkbox"/> New Employee <input type="checkbox"/> Position Change
Employee Type *	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer

GENERAL ACCESS

<input type="checkbox"/> Windows Account	
<input type="checkbox"/> AS400	
<input type="checkbox"/> Email	
<input type="checkbox"/> Email Distribution Group(s)	_____ _____
<input type="checkbox"/> Naviline	
<input type="checkbox"/> PaperVision	
<input type="checkbox"/> Door Card	<input type="checkbox"/> Finance <input type="checkbox"/> 24/7 <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Other _____ <input type="checkbox"/> PD <input type="checkbox"/> 24/7 <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Other _____ <input type="checkbox"/> Parks <input type="checkbox"/> 24/7 <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Other _____ <input type="checkbox"/> Transit <input type="checkbox"/> 24/7 <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Other _____ <input type="checkbox"/> Copy access from (username) _____
<input type="checkbox"/> Phone	<input type="checkbox"/> Phone Extension & Voicemail <input type="checkbox"/> Voicemail Only <input type="checkbox"/> Phone Extension Only <input type="checkbox"/> Workgroup _____
<input type="checkbox"/> VPN	<input type="checkbox"/> City (requires department and IT managers approval) <input type="checkbox"/> Vendor (requires IT manager approval) <input type="checkbox"/> IT (requires IT manager approval)
<input type="checkbox"/> Network Drives	<input type="checkbox"/> Personal Folder (Default Location \\SERVER\DEPT\USERNAME) <input type="checkbox"/> Department Share/Public Folder (Default Location \\SERVER\DEPT\PUBLIC)

<input type="checkbox"/> Logos New World	<input type="checkbox"/> Permission(s) _____ <input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> Cell Phone Sync	Please fill out form Cell Sync Acknowledge Form (Intranet\IT\Shared Documents\Policies) (requires department manager approval)
<input type="checkbox"/> Government Outreach	<input type="checkbox"/> Code Enforcement (Read-Only) <input type="checkbox"/> Code Enforcement (Full Access) <input type="checkbox"/> Assign Topic(s) _____ <input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> Folder Access	<input type="checkbox"/> Read Only (e.g. \\utopia\it\username, \\utopia\engineering\eng, \\mfdsvr2\users\public _____ _____ <input type="checkbox"/> Modify (e.g. \\utopia\it\username, \\utopia\engineering\eng, \\mfdsvr2\users\public _____ _____ _____
<input type="checkbox"/> Desk Location	_____
<input type="checkbox"/> Computer	<input type="checkbox"/> New <input type="checkbox"/> Existing (previous user) _____
<input type="checkbox"/> Printer Location(s)	_____ _____ _____
<input type="checkbox"/> Software	<input type="checkbox"/> Acrobat Professional <input type="checkbox"/> AutoCAD _____ <input type="checkbox"/> Adobe _____ <input type="checkbox"/> Other _____ _____
<input type="checkbox"/> Other/Special Needs	_____ _____ _____

FIRE ACCESS	
<input type="checkbox"/> FireHouse	<input type="checkbox"/> Permission(s) _____ <input type="checkbox"/> Copy permission(s) from (username) _____

POLICE ACCESS	
<input type="checkbox"/> CalPhoto	<input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> Cusins	<input type="checkbox"/> Copy permission(s) from (username) _____ Request is sent to County via email (2-3 days turnaround)
<input type="checkbox"/> JIMS	<input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> LaserFiche	<input type="checkbox"/> Copy permission(s) from (username) _____

<input type="checkbox"/> LiveScan	<input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> Coban	<input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> MSP	<input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> RS6000	<input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> Mobile	<input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> LERMS	<input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> CAD	<input type="checkbox"/> Copy permission(s) from (username) _____
<input type="checkbox"/> ID Badge	

SIGNATURE

By Signing Below I certify that the information I have provided on this form is true to the best of my knowledge:

Name (Print):	_____
Signature:	_____
Date:	_____

AUTHORIZED SIGNATURE TO BE FILLED OUT BY IT

Request is:	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Authorized Signature:	_____
Date:	_____