

Request for Electronic Equipment/Access

Coworker Name _____ Effective Date _____

Department _____ Position Title _____

Reason for request:

- New coworker
- Transferring coworker
- Terminated coworker

Requests (please check all that apply):

New Change

- | | | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Personal computer |
| <input type="checkbox"/> | <input type="checkbox"/> | E-mail account |
| <input type="checkbox"/> | <input type="checkbox"/> | Internet access |
| <input type="checkbox"/> | <input type="checkbox"/> | Telephone |
| <input type="checkbox"/> | <input type="checkbox"/> | Voice mail |
| <input type="checkbox"/> | <input type="checkbox"/> | Cell phone |
| <input type="checkbox"/> | <input type="checkbox"/> | Radio |
| <input type="checkbox"/> | <input type="checkbox"/> | Pager |
| <input type="checkbox"/> | <input type="checkbox"/> | HTE access (list applications) |

 Other

If this access request is similar to another coworker's, please complete the following:

Existing account name: _____

Are there exceptions? _____

Contact Person: _____ Phone Number: _____

Requestor Signature

Authorized By

IT USE ONLY

Date Received _____ Date Completed _____ Completed by _____