

# NEW EMPLOYEE INFORMATION TECHNOLOGY SERVICE FORM

**To Be Completed By VP, Dean, Director, Manager, or Department Head:**

NOTE: This form should be sent or faxed (x 2027) to the Information Technology Department, preferably **PRIOR** to when the new employee arrives.

**Press TAB to advance to the next field.**

|  |  |                               |                      |
|--|--|-------------------------------|----------------------|
| Name<br>(Type or print)  |  | Start Date                    |                      |
| Job Title<br>(Type or print)   |  | Department<br>(Type or print) |                      |
| Office Location<br>(Type or print)   |  |                               |                      |
| <b>Item</b>  | <b>Type/Print Yes or No in the field</b> | <b>Approved By:</b>           | <b>Verification</b>  |
| Phone Number   | Yes/No:                                  |                               | N/A                  |
| Voice Mail   | Yes/No:                                  |                               | N/A                  |
| Long Distance  | Yes/No:                                  |                               | N/A                  |
| Mainframe/Wildcat Web  | Yes/No:                                  |                               | N/A                  |
| Email  | Yes/No:                                  |                               | N/A                  |
| Computer/Monitor<br>(Yes or No; if Yes, indicate what computer in your office they will be using.) | Yes/No:                                  |                               | Director's Initials: |
| Special Computer Needs: (Indicate any special computer needs)                                      | Yes/No:                                  |                               | Director's Initials: |

**DO NOT WRITE BELOW THIS POINT**

**TO BE COMPLETED BY IT PERSONNEL**

|   |  |
|---|--|
| Phone Number:   |  |
| Voice Mail: (Initial when completed)                    |  |
| Long Distance Code:                                     |  |
| Email: (initial when completed)                         |  |
| Computer/Monitor Check (Initial when assigned):         |  |
| Special Computer Needs (Initial when met):              |  |
| Enter into Track-IT (Initial when completed)            |  |
| Enter into IT Machine Database (Initial when completed) |  |

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