

New Floyd County IT/System User Supervisor Request Form

Office: _____

Name: _____

Title: _____

Supervisor: _____

Location: _____

Start Date: _____

Cell Number: _____

Ext: _____

VPN?:

Employee Replaced or Copy "Rights/Privileges" From User?

Other Needs: _____

IT Use Only

<i>E-mail address:</i> _____	<i>Active Directory ID:</i> _____
<i>Phone Extension:</i> _____	<i>Password:</i> _____
<i>Phone DID:</i> _____	<i>Initial:</i> _____ <i>Date:</i> _____

Hiring Department Head /Elected Officials, or Authorized Requester is required to complete this form and return to as soon as possible upon confirming starting date of new employee. This form must be turned in for tracking and accountability for Floyd County IT Systems Access. Return this form completed in it's entirety to helpdesk@floydcounty.in.gov with "New User Request" entered into the Subject line.