

I.T. Change Request

Employee Name: _____

Supervisor: _____

Effective Date: _____

New Hire

Termination

- Computer Access
- Email Address
- Door Code
- Mobile Phone Support
- Remote Access
- Unfiltered Internet Access

Email Address: _____

Password: _____

Windows Signon: _____

Password: _____

Supervisor Signature

I.T. Staff Signature