***Oregon Military Department***

***Information Technologies***  ***Section 1***

P.O. Box 14370 INCOMING EMPLOYEE  Yes [ ]  No[ ]

3225 State St. Rm. 115

Salem, OR 97309-5062 DEPARTING EMPLOYEE Yes [ ]  No [ ]

503-378-2911 Phone

503-373-7833 Fax  *If Rotation, Return Date \_*

*tech.support@state.or.us*

***Section 2* Request Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | Last Name  | First Name | Middle Name  |
| Section  | Nickname or Preferred Name  | Work Phone and Extension  | Home Phone (not required)  |
| EMP ID OR  | Physical Work Site Job Description  |
| Change to be effective Date: Time:  | Data Jack Number:  |
| Email?[ ]  Yes [ ]  NoExternal Contact Only [ ]  | Brio Required?[ ]  Yes [ ]  No | Mainframe Access ?[ ]  Yes [ ]  No RACFID: FEMA Yes [ ]    No / Remove [ ]  [ ]  Inquiry [ ]  Data Entry  |
| \***Requestor Name** | Last  | First | Phone  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Authorized Signer’s Printed Name) (Signature) (Date Signed)*

***Section 3* Email and Server Information**

|  |  |
| --- | --- |
| **Access Type** | **Name of Similar User** |
| Email Groups  |  |
| Network Drives to Access  |  |
| Security Groups  |  |

 ***Section 4* Standard Assets**

(*Identify equipment assigned to employee. Manager responsible for recovery on departure)*

|  |  |  |
| --- | --- | --- |
| **Check all that apply** | **PC Name#** | **If Recovering, Transfer To** |
| [ ]  Desk PC (includes CPU or Laptop w/ dock, mouse, keyboard, speakers) |  |  |
| [ ]  Monitors (1 or 2) |  |  |
| [ ]  Surface Type Solution |  |  |
| [ ]  Laptop |  |  |
| [ ]  Cellular Phone |  |  |
| [ ]  Local Printer (desktop) |  |  |
| [ ]  Other *(Ex. Label Printer, scanner, camera, etc)*  |  |  |

|  |
| --- |
|  ***For IT Use Only***  |
| Username : Email**:       @state.or.us** | Technician  | Completed Date Notice sent   |

 *(Non-standard Hardware and Printing Requirements)*

 ***Section 5* Software**

*(Non-standard Software Provided at* ***Additional Cost*** *Unless Otherwise Specified)*

Section 5 cannot be completed until the user has been assigned a RACFID

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Software Type** | **Option** | **Transfer to** | **Completed By** | **Date** |
| [ ]  **Mainframe Access** [ ] TSO [ ] ORBITS [ ] OSPA [ ] PPDB/PBBR/PBGD [ ] Roscoe[ ] RACF Groups [ ] RACF Datasets [ ] CIMS [ ] SFMA ADPICS [ ] SFMA RSTARS [ ] TOES[ ] REFBPS  |  |  |  |  |
|  |
| [ ]  MS Visio |  |  |  |  |
| [ ]  MS Project |  |  |  |  |
| [ ]  Adobe Acrobat Distiller |  |  |  |  |
| [ ]  Brio Quick View |  |  |  |  |
| [ ]  Brio Explorer |  |  |  |  |
| [ ]  Other (describe)  |  |  |  |  |
| [ ]  Other (describe)  |  |  |  |  |
| [ ]  Other (describe)  |  |  |  |  |
| [ ]  Other (describe)  |  |  |  |  |
| [ ]  Other (describe)  |  |  |  |  |
| [ ]  Other (describe)  |  |  |  |  |

 ***Section 6* Data Disposition**

*(Applies to departing employees, to be answered by Section Manager)*

|  |  |  |
| --- | --- | --- |
| Maintain access to User's email box?  | If yes, who gets access?  | Until When Click here to enter a date. |
| Maintain access to User’s data? (home dir)  | If yes, who gets access?  | Until When Click here to enter a date. |

 ***Section 7* Additional Notes and Specifications**

*(Ex. Email Only, Proxy Access to another account, Temporary Account End Date, etc.)*