***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  No  External 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.)*