



USER MANAGEMENT FORM

Incoming Employee Departing Employee. Date Required: _____

Employee Last Name	Employee First Name	Employee Middle Name	Employee Preferred Name
Work Site	Section (AGC, AGI, OPS...)	Job Description	
Desk Phone Number	Cell Phone Number	Similar User	

Employee ID # OR _____

Hardware Requested or On Hand

- Desktop PC Number if on hand _____
 Laptop PC Number if on hand _____
 Tablet PC Number if on hand _____
 Dual Monitors M Numbers if on hand _____
 Local Printer P Number if on hand _____
 Monitor Arms Docking Station Keyboard / Mouse
 Cellular Phone Phone Number if on hand _____
 Scanner / Label Printer/Etc. (Please Specify) _____

Software Requested

- Visio Project Adobe Creative Cloud Zoom
 Other (Please Specify) _____

Mainframe Access (RACFID Required prior to processing) _____

- TSO ORBITS OSPA PPDB/PBBR/PBGD ROSCOE RACF GROUPS
 RACF DATASETS CIMS SFMA ADPICS SFMA RSTARS TOES REFBPS

Requester Name	Last	First	Phone
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(Authorized Signer's Printed Name)

(Signature)

(Date Signed)

For IT Use Only	
Username:	Technician:
Email Address:	Notice Sent: