



# Computer Information Services Department

## Employee Technology Systems account request

Employees Cell #

Today's Date:

### EMPLOYEE INQUIRY INFORMATION

Employees Full Name:

Employee #:

Job Title:

Assigned Dept.:

Prior LCC e-mail address:

Phone/Extension:

Office Location  
(Building & Rm #)

Supervisor/Director  
Signature:

### INQUIRY DETAILS

**Type of Account Requested: (Check all that apply)**

#### Telephone Support:

Needs Phone	<input type="checkbox"/>
Voice Mailbox Reset/Setup	<input type="checkbox"/>
Long Distance Code	<input type="checkbox"/>
PC Network Account	<input type="checkbox"/>
<input type="checkbox"/> <b>Student/Employee need account access</b>	
CARS Account (with completed training)	<input type="checkbox"/>

Start/Hire Date:

- This Employee is:
- New Hire
  - Current Employee
  - Transferred Position
  - Re-Hire (Had previous accounts)

**Approval to add new accounts listed above:**

Date:

Human Resources:

***I.T. Office use only***

Account	Date Enabled	Entered by	Notes: (module, account name)
Voice Mailbox			
Long Distance			
Network			
E-Mail			
CARS Account			