



Information Technology Employee Provision Form

IT Request Number:

Upload Picture Of Employee

Information Technology Employee Deprovisioning Form					
Date of Request:					
REQUESTORS INFORMATION					
Requested By:					
Select Department:					
Requestor's Role:					
Select Category:					
Request Description\Comments:					
EMPLOYEE INFORMATION					
Employee Name:					
Select Employee Status:					
Select Employee Type:					
Employee Job Title\Role:					
Employee Start Date:					
Employee End Date:					
SOFTWARE ACCESS					
				Departmental Approval	
Access to Email	Yes	No		Yes	No
Access to Microsoft Office	Yes	No		Yes	No
Access to Departmental Folder	Yes	No		Yes	No
VPN Access	Yes	No	N/A	Yes	No
Access CASORT	Yes	No		Yes	No
Access Centrik	Yes	No	N/A	Yes	No
Access to SAGE	Yes	No	N/A	Yes	No
Access to ISL Payroll	Yes	No	N/A	Yes	No
Access to other software:				Yes	No
HARDWARE					
				Departmental Approval	
Computer	Yes	No		Yes	No
Type of Computer				Yes	No
Monitor	Yes	No	N/A	Yes	No
Mouse	Yes	No	N/A	Yes	No
Keyboard	Yes	No	N/A	Yes	No
Departmental Printing	Yes	No		Yes	No
Personal Printer	Yes	No	N/A	Yes	
					No
Other: (Please describe)					



Information Technology

Employee Deprovision Form

TELEPHONY				Departmental Approval	
Extension	Yes	No		Yes	No
Voicemail Activated	Yes	No		Yes	No
Long Distance Code	Yes	No	N/A	Yes	No
IP Phone	Yes	No	N/A	Yes	No
Cell Phone	Yes	No	N/A	Yes	No
Other Communications Removed:				Yes	No
FACILITIES				Departmental Approval	
Office Rekeyed	Yes	No	N/A	Yes	No
Cubicle\Office Cleaned	Yes	No		Yes	No
Paid Parking	Yes	No	N/A	Yes	No
FOB\Swipe Provided	Yes	No		Yes	No
Other: (Please describe)					
FOR IT USE ONLY	Please Sign At Bottom - Do Not Fill Out Information Below				
Received By IT Member:					
Received by IT Date:					
Priority: (1-5)					
Urgency:(High-Low)					
Estimated Completion Date:					
			ESCALATED TO		
Escalation Required:	Yes	No	Department:		
Request Status:			Name:		
IT Receipt Comments:					
Completed By IT Date:					
Confirmation User is Satisfied	Yes	No			
IT Close Comments:					

 Approved By
 Requesting Department Head Date: _____

 Approved By
 HR Department Date: _____