The Employee Technology Request is required for any technology related needs.
Verbal and email requests will not be accepted

Please fill out completely and check all that apply:

Employee Information:

Name: _____   Start/Termination Date: _____

☐ New Employee ☐ Terminate Employee

☐ Salaried ☐ Hourly

Office Location (Main, Repack, etc.)

Hardware:

☐ Laptop   ☐ Desktop   ☐ Thin Client

Telephone:

☐ Desk Phone   Extension:

System Access ☐ Add ☐ Remove**:**

☐ Email

☐ XA/Infor   Name of person to copy XA access from:

Printer used for XA and location:

Software Request

Name of Software:

List Mapped Drive Folders and Type of Access:

☐ Read Only ☐ Modify   Driver Letter and Folder Name:

☐ Read Only ☐ Modify   Driver Letter and Folder Name:

☐ Read Only ☐ Modify   Driver Letter and Folder Name:

☐ Read Only ☐ Modify   Driver Letter and Folder Name:

☐ Read Only ☐ Modify   Driver Letter and Folder Name:

Other:

Approvals: Supervisor   Manager

Signatures: _____   _____

Date: _____

Received Date:_____   Completed by:_____   Date:_____