

NEW HIRE/TRANSFER FORM

☐ NEW HIRE ☐ TRANSFER

Use this form to help set up the workstation and computer equipment for a new or transferring employee, as well as internal cubicle / personnel relocations.

After completing this form, return it to: **Security.Group@fairoaks.serco-na.com**

NOTE: This form must be signed by both the Hiring Manager and Information Assurance Specialist, in the Approvals section, to be considered complete and actionable.

Employee name		Employee ID	
Job title		Start date	
Charge codes			
Dept. name		Dept. manager	
Team name		Team lead	
Group name		Group lead	
Cubicle/Office requested		Hunt group (if applicable)	
E-mail dist. list (if applicable)			
Calendars:	DBPU <input type="checkbox"/> RO <input type="checkbox"/> R/W LPU <input type="checkbox"/> RO <input type="checkbox"/> R/W MIMO <input type="checkbox"/> RO <input type="checkbox"/> R/W SSU <input type="checkbox"/> RO <input type="checkbox"/> R/W	CP <input type="checkbox"/> RO <input type="checkbox"/> R/W PBS <input type="checkbox"/> RO <input type="checkbox"/> R/W CSCO ... <input type="checkbox"/> RO <input type="checkbox"/> R/W	LPD Leads <input type="checkbox"/> RO <input type="checkbox"/> R/W Payroll Offices <input type="checkbox"/> RO <input type="checkbox"/> R/W Other: <input type="checkbox"/> RO <input type="checkbox"/> R/W
Conf. room reservations		<input type="checkbox"/> Permitted <input type="checkbox"/> Not Permitted	
Special hardware/software (if any)			
Special accommodations (if any)			

Approvals: (Both required)

Full Name (Printed): _____ Signature (Digital): _____
Hiring Manager

Full Name (Printed): _____ Signature (Digital): _____
Information Assurance Specialist

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Background check	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
Active dir. user name	Machine name
E-mail address	Reserved IP address
Equipment deployed	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Monitors <input type="checkbox"/> Docking Station <input type="checkbox"/> Phone
Desk phone ext.	Machine service tag / Asset tag
Confirmed by	
Full Name (Printed): _____ Signature (digital): _____	
IT Support Specialist	

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