Goodwill Industries of Hawaii, Inc./GCSH

New Account

Change

Delete

Select one of the following:

Request for Comp		Login, E-Mail a	nd Phone	
Date Prepared:	Choose one:	Goodwill Industries of Hawaii, Inc. G		GCSH
Name of Employee:				
Job Title:				
Assigned department name:		Code number:		
Assigned location including stre	et address:			
Phone number:	Extension:	Individual Fax:	Group Fax:	
Email address for Mitel phone V	oice Mail:			
Company cell phone (new or exi	sting):			
Please use this form to requ	est the following:			
1) Computer Login Username (format is first name	& initial of last name):		
2) E-mail address (format is firs	t initial and last nam	ne):	@higoodwill.org	
3) Email distribution group other	er than All Employe	es:		
4) Shared folders:				
5) SharePoint Online Access?				
For Goodwill/State Contrac	t Programs Only	(DHS)		
Email address issued to you by t	he state:			
I have read and understand	the provisions of	Policy #435: (type in	n name/date to ackn	owledge)
Employee name:		Date	:	
Supervisor name:		Date	:	

Print the form and submit to the IT department in confidence

login to the network.

A password will automatically be assigned to you and you will have to change it upon your first