CHECK-IN LIST INFORMATION TECHNOLOGY SERVICES DEPARTMENT

NAME	CLASSIFICATION	SUPERVISOR
EFFECTIVE DATE	EMPLOYEE #	
This form is to be used for processing new per	sonnel. Employees must contact the following areas whe	ere staff will assist in completing the particular actions
	he contact personnel are not available, the next level of r	
should be returned to the Departmental Personn		management should be consumed. The completed form
		INITIALS
1. DEPARTMENTAL PERSONNEL OFFICE		(1)
Distribute Orientation Materials		
Assign work station		
Assign Peoplesoft account		
2. BUILDING SECURITY - Building Manage	er, 305-596-8016	(2)
• Assign ID badge		
3. GROUP ASSIGNMENTS - Immediate Sup	pervisor	
(Only initial the items being assigned to th	he employee; If the employee is not receiving a below ite	m, please put N/A)
Ensure Bluebook enrollment		
• Create CRS user ID		
 Request network access 		
Request e-mail account		
 Request laptop as required 		
Request cell phone as required		
4. TELEPHONE SERVICES – Telecommunic	eations Manager, 305-596-8469	(4)
• Assign office phone number		
Assign long distance telephone access		
5. IDENTITY/ACCESS SECURITY - Information	ation Security Officer	(5)
Please go to the following link to create th	ne request for the below items: http://nsd.miamidade.gov	<u>/</u>
Assign Active Directory ID		
Employee Signature Date		Immediate Supervisor Signature Date

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