

DATA PROCESSING INFORMATION SERVICE REQUEST

Office/Department:		Data Processing Use Only		Security Information	
Authorized Department Signature:		Request #: _____		Internet Access (Requires OCA, \$65.00 charge) <input type="checkbox"/> DP Administrative Assistant: <input type="checkbox"/> Firewall / Internet Team: <input type="checkbox"/> Smart Phone / Email 4.00 monthly	
Request Date:		Cost Center: _____			
Phone Number:		Departmental			
Desired Request Completion Date:		Employee for whom the work is being performed:		Applications (Check each that applies) <input type="checkbox"/> E-mail <input type="checkbox"/> Treasurer <input type="checkbox"/> Telecommunications <input type="checkbox"/> Intranet <input type="checkbox"/> Payroll/Personnel <input type="checkbox"/> KRONOS <input type="checkbox"/> Imaging <input type="checkbox"/> ADS <input type="checkbox"/> Sanitary Utility Billing <input type="checkbox"/> Recorders <input type="checkbox"/> JFS/SEA	
Intranet Posting:		Employee's OCA code: _____			
Start Date _____ End Date _____		Application Authorization Signature (Required if accessing an application that is outside your own department)			
Description: (Attach extra sheets if necessary) <div style="border: 1px solid black; height: 200px; width: 100%;"></div>					
<div style="border: 1px solid black; padding: 5px;"> Employee Name(s) (Please Print): N T U <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> _____ for each name, check one indicating if the employee is either: N- new employee, T – terminating employee, or U – Updating existing </div>					

- An Employee's security will automatically expire within two weeks after termination from payroll. -

PLEASE RETURN TO: DATA PROCESSING HELP DESK