

**Instructions:** This form should be used only for requesting, transferring or the updating of a, non-privileged, network (SCNETID), service desk, mainframe or Linux\Unix account. Information must be provided for all required fields (as indicated by \*). Incomplete or unclear forms may cause delay in completing request. Submit completed form to the Department of Administration Service Desk at [servicedesk@admin.sc.gov](mailto:servicedesk@admin.sc.gov). For emergency or sensitive requests and/or any questions please contact the Service Desk at (803) 896-0001 prior to submitting request.

Agency Information*			
Agency / Division *			Date *
Requestor Name *	Requestor Phone *	Requestor Email *	
Requested Action <input type="checkbox"/> New <input type="checkbox"/> Transfer (In Same Agency) <input type="checkbox"/> Update Directory		Effective Date	Termination Date

Account Type
<input type="checkbox"/> Network (SCNETID) <input type="checkbox"/> Service Desk <input type="checkbox"/> Mainframe <input type="checkbox"/> Linux/Unix

Employment Type (Provide a termination date above for all types except for permanent)
<input type="checkbox"/> Permanent <input type="checkbox"/> Time-Limited <input type="checkbox"/> Temporary <input type="checkbox"/> Intern <input type="checkbox"/> Temp Grant <input type="checkbox"/> Contractor <input type="checkbox"/> Affiliate

User Information			
Last Name	First Name	MI	Username (If transferring )

Directory Information (Information provided will be included in the enterprise directory)			
Job Title / Description		Department	
Office Address	City, State, Zip		Room / Office #
Office Phone	Office Fax	Mobile	

Email Mailbox	Workstation (Managed Workstation Customers Only)	
Create Mailbox <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address (Preferred)	Prepare Workstation <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Complete Managed Workstation Request Form</i>

Additional Instructions (Resource access, remote access, etc...)

**Requestor:** \_\_\_\_\_  
*Signature*
*Print Name*
*Date*

**Agency IT Director / Liaison:** \_\_\_\_\_  
*Signature*
*Print Name*
*Date*