admin
THE SOUTH CAROLINA
DEPARTMENT *of* ADMINISTRATION

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. For emergency or sensitive requests and/or any questions please contact the Service Desk at (803) 896-0001 <u>prior</u> to submitting request.

Agency Information*

Agency / Division *		Date *

Requestor Name *	Requestor Phone *	Requestor Email *

Requested Action		Effective Date	Termination Date
☐ New ☐ Transfer *(In Same Agency)* ☐ Update Directory			

Account Type

☐ Network *(SCNETID)* ☐ Service Desk ☐ Mainframe ☐ Linux/Unix

Employment Type *(Provide a termination date above for all types except for permanent)*

☐ Permanent ☐ Time-Limited ☐ Temporary ☐ Intern ☐ Temp Grant ☐ Contractor ☐ 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

Create Mailbox	Email Address *(Preferred)*
☐ Yes ☐ No	

Workstation *(Managed Workstation Customers Only)*

Prepare Workstation	
☐ Yes ☐ No	*If Yes, Complete Managed Workstation Request Form*

Additional Instructions *(Resource access, remote access, etc…)*

Requestor:		
	Signature	Print Name	Date
Agency IT Director / Liaison:		
	Signature	Print Name	Date