

Instructions: Complete all required fields (as indicated by *). Submit completed form to the Department of Administration's Service Desk at servicedesk@admin.sc.gov. Incomplete or unclear forms may cause delay in completing request.

Agency Information* (Complete for all requests)			
Agency / Division *			Date *
Account	Department	Start Date	End Date
Requestor Name *	Requestor Phone *	Requestor Email *	

Requested Action (Complete for all requests)			
<input type="checkbox"/> New Account	<input type="checkbox"/> Transfer (Same Agency Only)	<input type="checkbox"/> Update Directory	<input type="checkbox"/> Name Change

Account Request Type (New Account Requests Only)			
<input type="checkbox"/> Network (SCNETID)	<input type="checkbox"/> SCEIS	<input type="checkbox"/> Service Desk	<input type="checkbox"/> Mainframe
<input type="checkbox"/> Linux/Unix			

Employment Type (Provide termination date above for time-limited, temporary, intern and contractor)			
<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 Existing Account)
Previous Name	Employee ID	New Name	

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

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

Resource Access (Additional Instructions)

Requestor: _____
Print Name
Signature
Date

Security Liaison: _____
Print Name
Signature
Date

IT Director / Liaison: _____
Print Name
Signature
Date