



## Additional Access Request Form

### Requestor Information (required)

Requestor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Office Name: \_\_\_\_\_

### Additional User Account Information

User Name: \_\_\_\_\_

\_\_\_\_\_ Create New Network Folder \_\_\_\_\_ Update Existing Folder(s)

**Full Path to be created (include new folder name):** \_\_\_\_\_

If including Drive Letter provide network path to driveletter: \_\_\_\_\_

Users and/or Groups Needing Access: \_\_\_\_\_

Shared Folder will contain Sensitive information: \_\_\_\_\_ Y \_\_\_\_\_ N

Level of Access: Read-Only \_\_\_\_\_ Modify \_\_\_\_\_ Restricted \_\_\_\_\_

\_\_\_\_\_ Activate Mobile Devices: \_\_\_\_\_ Tablet \_\_\_\_\_ Cell Phone

Has the **Mobile Device Management** form been signed by the employee? \_\_\_\_\_ Y \_\_\_\_\_ N

\_\_\_\_\_ Additional Software Needed:

Program name: \_\_\_\_\_ Version # \_\_\_\_\_

Is there a license needed? \_\_\_\_\_ Y \_\_\_\_\_ N

### Resource Mailbox/Calendar & Distribution List Information:

New Resource Mailbox \_\_\_\_\_ or Resource Mailbox Access \_\_\_\_\_

Type of Resource: Shared (mailbox/calendar) \_\_\_\_\_ Equipment (projector, etc.) \_\_\_\_\_ Room (conference room) \_\_\_\_\_

Name of Mailbox/Calendar: \_\_\_\_\_  
(The name should begin with the agency acronym e.g. OITS\_resourcename)

Owner of Resource Mailbox/Calendar: \_\_\_\_\_

Users and/or Groups Needing Full Access: \_\_\_\_\_

Users and/or Groups Needing Send As Rights: \_\_\_\_\_

Mailbox will need to be accessible on mobile device (e.g. mail enabled cell phone)

Add User to Distribution List(s) noted in the below comments section

Comments:

**Signature (required)**

Requesting Authority/Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

(Please provide signature or type in the name and send from requesting authority's email box)

Send completed and authorized request to: Email: [EBITSM@ks.gov](mailto:EBITSM@ks.gov)

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