

New User Request Form

Requestor Information

Requestor: _____ Phone #: _____

Office Name: _____ Office Billing #: _____

Effective Date: _____ **** Please submit request 5 business days prior to the effective date to ensure that this account will be ready by the effective date. Please submit request as close to 10 business days as possible if hardware work is required.****

User Information

User Name: _____
Last First M.I.

Prefers to go by: _____ Position Title: _____ Phone #: _____

Authorizing Approver for IT Requests: _____

Is account Network authenticated (Firstname.lastname@agency.ks.gov) or Web authenticated (Firstname.Lastname@kansas.gov)
Network Authenticated **or** Web Authenticated

If coming from another state agency, which one: _____

Network Folder Access Information: (if access to more folders are needed indicate in the additional information section below)

Drive Letter: _____ Full Path: _____

Type of access needed: Read Modify

Driver Letter: _____ Full Path: _____

Type of access needed: Read Modify

Other Access: (if other access is needed please indicate in the additional information section below)

Remote Access Needed (i.e. VPN): Yes No

File Transfer Protocol Access (FTP) Needed: Yes No

Device Information:

Asset tag information of device being used: _____

Is cellphone being used: Yes No

Activation of mobile devices will not occur until requesting agency indicates that the Mobile Device Management form has been signed. Please check the box to indicate the form has been submitted & signed

Comments (e.g. Additional Software, Shared Calendars, Distribution Lists, SharePoint Sites, etc.):

Reporting Structure:

Reporting Manager (name & email): _____

If new user is a manager who are direct reports (name(s) & email(s)):

Signature

Requesting Authority/ Director: _____ Date: _____

Send completed and authorized request to: Email: EBITSM@ks.gov

Space for Additional Information (if needed)