

## MIS NEW USER REQUEST FORM

Last Name	
First Name	
ID Number	
Title	
Department	
Room Number	
Hire Date	
Termination Date	
New Position (check one) <input type="radio"/>	Replacement Position <input type="radio"/>
Name of Employee Replaced	

**Required Services: Check only if applicable**

Windows	Banner	Encryption Key	Internet E-MailA	Telephone	Voice Mail	Long Distance Access Code
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Department Manager Approval	
	<span>Sign</span> <span>Date</span>
Human Resources Approval	
	<span>Sign</span> <span>Date</span>
MIS Approval	
	<span>Sign</span> <span>Date</span>

**FOR MIS USE ONLY**

	Attributes	Date	Comments
Ext. Number			
Access Code PBX			
EncryptionKey			
Telephone List			
Name PBX			
Voice Mail Box			
Windows Login			
E-Mail Address			