DATA PROCESSING INFORMATION SERVICE REQUEST

Office/Department:

Authorized Department Signature: | **Request Date:**

Phone Number: | **Desired Request Completion Date:**

Intranet Posting:

Start Date _____   End Date _____

Application Authorization Signature
(Required if accessing an application that is outside your own department)

_____

Description: (Attach extra sheets if necessary)

Data Processing Use Only

Request #: _____

Cost Center: _____

Departmental

Employee for whom the work is being performed:

_____

Employee's OCA code: _____

Security Information

Internet Access (Requires OCA, $65.00 charge)

☐ DP Administrative Assistant:
☐ Firewall / Internet Team:
☐ Smart Phone / Email 4.00 monthly

Applications (Check each that applies)

☐ E-mail   ☐ Treasurer   ☐ Telecommunications
☐ Intranet   ☐ Payroll/Personnel
☐ KRONOS   ☐ Imaging
☐ ADS   ☐ Sanitary Utility Billing
☐ Recorders   ☐ JFS/SEA

Employee Name(s) (Please Print):

N T U

☐ ☐ ☐ _____
☐ ☐ ☐ _____
☐ ☐ ☐ _____
☐ ☐ ☐ _____

for each name, check one indicating if the employee is either:
N- new employee, **T** – terminating employee, or
U – Updating existing

- **An Employee's security will automatically expire within two weeks after termination from payroll. -**

PLEASE RETURN TO: DATA PROCESSING HELP DESK