



Office of Information Technology Services New User Request Form

Requestor Information

Requestor:

Phone #:

Agency Name:

Agency 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/Division Director:

Date:

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

Space for Additional Information (if needed)