IT SuperVision
MANAGED NETWORK SERVICES

New Employee Form

***Please enter the information in the blue boxes and attach this form to your helpdesk support request. Thank You!**

Requested By: [   ]

Direct Phone Number: [   ]

Date Requested: [   ]

New Employee Information

Employee Name: [   ]

Employee Email Address: [   ]

Start Date: [   ]

Provide access to

☐ Remote Access

☐ Scanner [   ] *Scanner Name*

☐ Printer [   ] *Printer Name*

☐ Phone [   ] *Extension Number*

☐ Mobile Device(s)   *****Please list the mobile devices below in Notes.**

Email Distribution List(s): [   ] *- provide list name(s), add*
[   ] *additional below in Notes*

Email Alias: [   ]

Notes: [   ]