

Part1: COMPUTER RELATED SERVICE REQUEST
 Part 2: TELECOM LAN SERVICE REQUEST
 COMPLETE TOP SECTION FOR BOTH REQUEST TYPES

Complete top section of form for all request types (Part 1 and Part 2 type request.)			
End User's Name		Date	
DBHDD E-mail address (if already assigned)		Building	
Title		Room #	
Phone #		Fax #	
Supervisor's Name		Department	
EMPLOYEE TYPE: *AGENCY *INTERN *CONTRACT *REGULAR CSH STAFF (Circle one) employee type		Department Budget Code Starts with-441-	

PART 1- COMPUTER AND TECHNOLOGY SERVICE REQUEST SECTION			
1	New GroupWise & Novell Account <i>Complete # 1 information section & the new user's name & information should be on the top information section</i>	10	New Monitor Replacement ? <i>If yes: complete #15 information section.</i> New location = scrap
2	New VPN access account: <i>Complete # 5 information section & complete Justification for VPN access Request.</i>	11	New Laptop Replacement ? <i>If yes: complete #15 information section.</i> New location = scrap
3	Revise Existing User Account rights or GroupWise Address book information. <i>Note this as a change and complete Top section of form.</i>	12	New Network Printer Replacement ? <i>If yes: complete #12 & 13 information section.</i> New location = scrap
4	Terminate/Disable User Account <i>Complete # 3 information section</i>	13	Map User to "DELL Owned-Green Tagged" - Network Printer (for multiple Users attach list)
5	Install Avatar DSS Reports <i>Complete # 5 information section</i>	14	Install Local Desktop Printer Driver on Local Desktop Computer (Single User Printer)
6	Network Drive Name, Folder & File Access: <i>Complete # 6 information section</i>	15	Move Equipment <input type="checkbox"/> Self Move @ -0- cost <input type="checkbox"/> Report new Location Only <input type="checkbox"/> Request Dell Tech assistance with fee. <i>Complete #15 information section.</i>
7	Install "User Consumable" Parts: Transfer Kits, Fusers, Belts, etc. <i>Complete # 7 information section</i>	16	Dispose of CPU, etc. <i>Complete #15 information section.</i> New location = scrap
8	Install Software or Application <i>Complete # 8 information section</i>	17	Other Request not listed- Describe here:
9	New Desktop/ CPU Replacement ? <i>If yes: complete #15 information section.</i> New location = scrap		

Complete Sections below for Items checked as Requested above: Match the selection number above with the section below.

Fill in Information by Section # below that corresponds to related request # above:

1	Similar User's Email ID & Name to copy. Supervisor's E-mail : (Password & ID notification sent to Supervisor)	User id @dbhdd.ga.gov to Copy Name: User id @dbhdd.ga.gov to Mail ID & Password to.
3	User Account Explain desired change(s)	User id @dbhdd.ga.gov
4	Username and ID	User id @dbhdd.ga.gov User's name:
5	Green Asset Tag # on PC Office Room Number Username	Starts with 000
**	Justification for VPN Access:	
6	Drive Letter/Full Folder or File Name <i>(Complete directory address)</i> <i>example: G:/userapps/Admin.24hour Report</i>	
7	Part Name Green Asset Tag # on equipment requiring part installation.	Starts with 000
	Office location and Room # Contact Phone/E-mail	User id @dbhdd.ga.gov Phone: 445-

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8	Do you have the Licensed software in hand?	YES & Location or No & Location of Software or Application to be used.
	Name of software or Application to be installed.	
	Green Asset Tag # on Desktop Computer or Laptop	Starts with 000
	Office location and Room #	
	Username	User id @dbhdd.ga.gov User's name:
	Details/Additional Information:	
12	Black & White Laser (or) Color Laser	
	Network LAN Drop in Place and Active?	If Network LAN Drop not in Place or Active: Contact Telecom: Jayne Phillips to request prior to submitting this request.
13	Green Asset Tag # on User's PC	Starts with 000
	Office location and Room #	
	Username	User id @dbhdd.ga.gov User's name:
	Phone #	445-
	Green Asset Tag # on NW Printer	Starts with 000
	Office location and Room # of Printer	
14	Green Asset Tag # on PC	Starts with 000
	Office location and #	
	Username	User id @dbhdd.ga.gov User's name:
	Phone #	
	Green Asset Tag # on Printer& Model name	If Dell owned-Starts with 000 Manufacturer & Model name:
	Office location and Room # of Printer to be used:	
15	Current Location (Building, Floor, Room)	
	Equipment Type (Monitor, Printer, CPU, Scanner)	
	EDP Orange & White Tag #	
	CSH-Agency Tag#	00- or 10-
	Green Tag #	Starts with 000
	New Location (Building, Floor, Room)	
	Primary User	User id @dbhdd.ga.gov User's name:

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PART 2: TELECOM, NETWORK & IKON Owned Copier/Scanner/Printer SERVICE REQUEST SECTION BELOW		
1	Install New Phone Line and Conduit	6 Re-activate Existing LAN Drop
2	Re-activate Existing Phone Line	7 Move LAN Drop
3	Move Existing Phone Number (S)	8 De-activate LAN Drop
4	De-activate Phone Number	9 Add voicemail
5	Install New LAN Drop and Conduit	10 Delete voicemail
Complete Sections below for Items checked as Requested above: Match the selection number above with the section below.		
Information Requested:		Fill In Your Information Below:
All	Location(s) (Building, Floor, Room)	
	Contact Number	
If there's no existing conduit in place, enter an MP2 request with Plant Operations to request install of conduit for the wiring.		
1	Install New Phone Line and Conduit/Quantity?	
2	Activate Existing Phone Line/Quantity?	
3	Move Existing Phone Number(s)	
4	De-activate Phone Number(s)	
	Standard or P-Phone(s)?	
5	Install New LAN Drop and Conduit/Quantity?	
	Connection Type: NW Printer, computer or IKON Copier?	
6	Activate Existing LAN Drop/Quantity? (id# from wall Jack)	
	Connection Type: NW Printer, computer or IKON Copier?	
7	Move Existing LAN Drop(s)	
	Connection Type: NW Printer, computer or IKON Copier?	
8	De-activate LAN Drop(s) (ID # from NW wall Jack in room)	
	Connection Type: NW Printer, computer or IKON Copier?	
9	Phone number with voicemail (Add)	
10	Phone number with voicemail (Delete)	
Below are IKON BUSINESS PRODUCT'S Network Copier/Scanner/Printer-related requests: (NON DELL ITEMS- NO GREEN TAG)		
1	Existing LAN jack to plug into?/If No complete section 3 above	
2	LAN Jack functional?/If No complete section 3 above	
3	How many staff need to be able to scan?	
4	IKON Locator Tag #?	Location/Office Room #
	Name of Staff to Scan to	Location (Building, Floor, Room)
		Telephone # of User
****Authorization for Request MUST be signed by Requestor and by Approving Department Head to be Processed.		
* I have reviewed the CSH computer & Phone policy & I understand that my User ID and passwords are my responsibility and are not to be shared.		
I understand that as an employee of DBHDD I am bound by HIPPA Rules and guidelines regarding client information.		
	New user signature:	Date:
* As Department Head/Supervisor and Service Director or Division Chief, I understand I am giving permission for the new user in this request to have access to Secured Folders, Files and computer apps and /or state owned phone access. I approve this request as submitted.		
	Department Head Approval:	Date:
	Service Director/Division Chief Approval:	Date:
Email The Completed Request Form To: CSH-OIT-ServiceDelivery@dbhdd.ga.gov or Fax to: 445-0926		
SEND "TELECOM ONLY" REQUEST TO: E-mail: KPParker@dbhdd.ga.gov Office:445-6236 Fax: 445-5217 Lawrence Materials Mgmt		