




Information Technology Services

Download this form and send a completed version to HelpDesk@rsccd.edu or attach to a ticket if submitting on the Web Help Desk website. **Approving Managers must either submit this form, or reply with a written approval via email.**

NEW USER ACCOUNT REQUEST FORM

Section 1 - Classified, Faculty (Full-Time and Part-Time), Confidential and Management

Please provide the following information:

1. Name: _____
2. Colleague ID Number: _____
3. Position Title: _____
4. Location (site, building & room number): _____
5. Department / Division: _____
6. Account Type: _____
7. Start Date: _____
 - a. Is this a short term employee? Yes No
8. End Date (if applicable): _____
9. Supervisor Name / Approving Manager: _____
10. Requestor: _____
11. Computer:
 - a. Is there an existing computer available for this employee? Yes No
 - i. If not, will a new computer need to be deployed? Yes No
12. Phone Number:
 - a. Will a Physical phone be assigned? Yes No
 - b. Will this be a "direct / personal" line or is it a main department line?
 - c. Will the employee need voice mail assigned to them on this line? Yes No
13. MAC Address of phone assigned to employee: _____
 - a. To find the MAC address on the phone, press Applications button , select Phone Information and look at the MAC Address or Host name field (e.g., SEP3820516181B3).
14. If a phone is assigned, what lines should appear on it?
 - a. Line 1: _____
 - b. Line 2: _____
 - c. Line 3: _____
 - d. Line 4: _____
 - e. Line 5: _____
 - f. Line 6: _____
15. If the employee needs access to any H Drive department folders, which ones:

16. If the employee needs access to Colleague, what access (e.g., NAE, STAC, SPRO, etc):

 - a. OR provide us with another employee with the same access whose account we should "mirror": _____
17. Will they need Perceptive Content access as Approver? Yes No Timekeeper? Yes No
 - a. If so, please specify GL Account?: _____

18. If the employee needs access to any shared mailboxes or calendars, please specify them by email address (e.g., scholarship@sac.edu):

NOTE: Instructions for how to grant individual user mailbox and calendar access **here**.

19. Will the employee need access to the Online Report Repository? Yes No

a. If so, please specify which reports _____

20. Will the employee need access to any other systems? Yes No

a. If so, please specify: _____

22. Is this person replacing another employee? Yes No

If so, who? _____



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Section 2 - Account Request Form (ARF) For Vendors

Version 004 – 03/04/2019

For Vendor Accounts Only

All requests for vendor user accounts should be submitted using this form. Once complete, email your attached request form to RSCCD ITS at HelpDesk@rscdd.edu for processing. New accounts will be created within two working days of receiving request. A form must be submitted for each individual. Approving Managers, please be aware that you are accountable for the vendor's actions with this account. **Approving Managers must either submit this form, or reply with a written approval via email.**

Request Information

- Account Type: Vendor
- Requestor: _____
- Approving Manager: _____
- Department/Division: _____
- Effective Date: _____
- Today's Date: _____

User Information

- First Name: _____
- Last Name: _____
- Company Name: _____
- Email Address: _____
- Phone Number: _____
- Requested Account Expiration Date*: _____
- Are you requesting a renewal or extension for an existing account? Yes No
 - If so, provide us with the Account Login ID: _____

* Please note, all vendor accounts expire after a maximum of 12 months. Please submit a new form to request an extension for an existing account.