Employee IT New Employee Setup Form

Department:		
Employee's Name:		
Job Title:		
Start Date:		
Should the employee have a	a countyofglenn.net email address? □Yes □No	
New Employee's Role:		
☐This is a new (or modified) role.	
☐ Taking over an existing ro	le, if so who?	
Phone Extension:	Direct Line Phone Number:	
Additional Details.		
☐This person needs a dedic	cated desk phone	
☐This person needs a specia	alized printer setup	
☐This person needs a specia	alized scanning setup (e.g. scan-to-email or scan-to-folder)	
Will this person work at other	er County Sites/Offices on a regular basis (i.e. a mobile emplo	yee)?
☐Yes, this person will be a r a regular basis	mobile employee that moves between offices regularly or out	t in the field on
\square No, this person will prima	rily work from a single office	
Notes:		
IT Setup Authorized by:		
Signature	Name	Date