## **GLENN COUNTY**





DEPARTMENT:		E	EMPLOYEE'S NAME:		
JOB TITLE:		\$1	START DATE:		
DIRECT SUPER	VISOR NAME:		SUPERVISOR PHONE:		
Should the em	ployee have a cou	ntyofglenn.net email address	s? □ Yes	□ No	
Is the departm	ent on a State Info	rmation Technology (IT) syst	em? □ Yes	□ No	
NEW EMPLOY	EE'S ROLE:				
This employee	needs permissions	s initiated for which program	ns:		
☐ OpenGov	☐ GovDelivery	☐ Granicus Peak	☐ Laserfiche	☐ FileMaker	
☐ Website	☐ SiteImprove	☐ Purchasing Accounts	□ CAMS	☐ OneSolution	
☐ Other:					
Is this employe	e is taking over an	existing role or can IT copy a	an existing role in	your department?	□ Yes □ No
If yes, who's ro	ole?		_		
New Employee Phone Extension: Direct Line Phone Number (if applicable):					
Phone MAC Ac	dress (located on	bottom of the device):			
DOES THIS EM	PLOYEE NEED HAF	RDWARE AND/OR ITEMS OR	DERED/PURCHAS	<b>ED?</b> □ Yes □ No	)
		nin Client/Physical Device)			
		. ,			
ADDITIONAL D	ETAILS:				
Does this empl	oyee need to scan	documents? ☐ Yes ☐ No D	oes this employee	e need to print docume	nts? ☐ Yes ☐ No
Example: scan-to-email or scan-to-folder. Identify Printer(s)					
LOCATION:					
Will this emplo	yee work at other	County sites/offices on a reg	gular basis (Examp	le: A Mobile Employee	)?
$\square$ Yes, they will be a mobile employee that moves between offices regularly or out in the field on a regular basis					
$\square$ No, they wil	I primarily work fro	om a single office			
Address(s) for	building they will r	need badge access for:			
Address(s) for	building they will r	need badge access for:			
ADDITIONAL N	IOTES:				
INFORMATION	I TECHNOLOGY (IT	) SETUP AUTHORIZED BY:			
Signature		Name		Date	