

Employee IT Department Transfer Form

Employee's Name: _____

New Job Title: _____

Current Department: _____

New Department: _____

Transfer Date: _____

Does the employee have a countyofglenn.net email address? Yes No

Email: _____

Employee's New Role:

This is a new (or modified) role.

Taking over an existing role, if so who? _____

Current Phone Extension: _____ **New Phone Extension:** _____

Current Direct Line Phone Number: _____

New Direct Line Phone Number: _____

Additional Details.

This person needs a dedicated desk phone

This person needs a specialized printer setup

This person needs a specialized scanning setup (e.g. scan-to-email or scan-to-folder)

Does this person work at other County Sites/Offices on a regular basis (i.e. a mobile employee)?

Yes, this person is a mobile employee that moves between offices regularly or out in the field on a regular basis

No, this person primarily works from a single office

Notes:

IT Transfer Authorized by:

Signature

Name

Date