



I.T. New Employee Checklist

Employee Information

(This form must be completed by the **Supervisor** and submitted to IT 48 hours prior to first day of employment. **We will need 2 weeks to order new equipment.** Please let me know as soon as possible if we need to order equipment.)

Name: _____ Date: _____
Location: _____ Employee's Phone: _____
Department: _____ Job Title: _____

Employment Status Information

Employment Status: _____ New Hire _____ Transfer
Begin Date: _____

Network

(Each full-time employee will be issued a network login account. Work on the network may not begin until logins have been created.)

Network IT will set up a one-time password that must be changed after the first login. New passwords must be
At least 6 characters long.

Equipment

(Please check all equipment employee needs for use)

Need to Order New Computer: YES NO
Computer Serial Number: _____ Cell Phone Serial Number: _____
Monitor Serial Number: _____ Laptop Serial Number: _____
ProxCard ID Card

Software

(Please check all software needed.)

Microsoft Office Standard (includes Excel, Word, Outlook, PowerPoint)
Microsoft Office Professional (includes Excel, Word, Outlook, PowerPoint, Access and Publisher)
SUNGARD COMMUNITY PLUS LAWMAN AVRS PREMIER MDC(IWIN) LEADS
SUNGARD FINANCE PLUS FLEETWISE VPN ACCESS MAPCON LEADS ID# _____
 OTHER (please specify): _____

Any Drives/Folders Needed: _____

Special Requirments: _____

Approved by Supervisor: _____ **Date:** _____

IT Use Only

<p><i>E-mail address:</i> _____</p> <p><i>Phone Extension:</i> _____</p> <p><i>*Phone DID:</i> _____</p> <p><i>City Cell Phone Number:</i> _____</p>	<p><i>Active Directory ID:</i> _____</p> <p><i>Password:</i> _____</p> <p><i>Initial:</i> _____ <i>Date:</i> _____</p>
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