

Goshen County Information Technology

ACCOUNT CREATION / MODIFICATION / DELETION FORM

RETURN TO GCIT OFFICE or FAX TO 307-532-1225 --- PLEASE ALLOW 3-5 business days to complete

Please PRINT LEGIBLY

First Name:	Last Name:
Supervisor:	Date of Hire/Start Date: ___/___/___ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer/Temp* *If Summer/Temp: End Date of Employment: ___/___/___
Job Title:	
Previously employed with CITY/COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, which department? _____)	
HAS THIS EMPLOYEE RESIGNED or been TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO Date ___/___/___	

<p style="text-align: center;"><u>NEW ACCOUNT</u></p> <p>1) ENTITY</p> <p><input type="checkbox"/> GOSHEN COUNTY GOVERNMENT Dept _____</p> <p><input type="checkbox"/> CITY OF TORRINGTON GOVERNMENT Dept _____</p> <p><input type="checkbox"/> LAW ENFORCEMENT / EMS / GC ATTORNEY Dept _____</p> <p><input type="checkbox"/> OTHER: _____</p> <p>2) ACCOUNT SIMILAR TO: Employee Name: _____</p> <p>3) PRINTERS (Choose ONLY 1 Default)</p> <p>Name: _____ <input type="checkbox"/> Default</p> <p>Name: _____ <input type="checkbox"/> Default</p> <p>Name: _____ <input type="checkbox"/> Default</p> <p>4) OTHER ACCOUNTS REQUIRED (Check ALL that apply)</p> <p><input type="checkbox"/> EMAIL (Outlook/Exchange)</p> <p><input type="checkbox"/> ID/ENTRY CARD</p> <p><input type="checkbox"/> LAW ENFORCEMENT SOFTWARE</p> <p style="margin-left: 20px;"><input type="checkbox"/> RIMS/Mobile RIMS</p> <p style="margin-left: 20px;"><input type="checkbox"/> WYCJIN</p> <p style="margin-left: 20px;"><input type="checkbox"/> NCJIN</p> <p style="margin-left: 20px;"><input type="checkbox"/> OMNIXX.WCJIN</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other: _____</p>	<p>5) TELEPHONE</p> <p><input type="checkbox"/> PHONE Extension</p> <p><input type="checkbox"/> DIRECT DIAL INBOUND NUMBER</p> <p><input type="checkbox"/> Voicemail</p> <p style="text-align: center;"><u>MODIFICATION</u></p> <p><input type="checkbox"/> NETWORK / WINDOWS</p> <p style="margin-left: 20px;"><input type="checkbox"/> Permissions Change (Elevation/Reduction)</p> <p><input type="checkbox"/> EMAIL (Outlook/Exchange)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Send / Receive Limit Increase</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> LAW ENFORCEMENT SOFTWARE</p> <p style="margin-left: 20px;"><input type="checkbox"/> RIMS/Mobile RIMS</p> <p><input type="checkbox"/> CHANGE OF NAME</p> <p><input type="checkbox"/> AGENCY CHANGE (Law Enforcement Only)</p> <p><input type="checkbox"/> Other: _____</p> <p>Notes/Explanation:</p> <hr/> <hr/> <p style="text-align: center;"><u>DELETION</u></p> <p><input type="checkbox"/> DELETE NETWORK / WINDOWS Logon Accounts marked DELETE will be disabled for <u>30 days</u> before deletion</p> <p><input type="checkbox"/> DELETE EMAIL ACCOUNT</p> <p style="margin-left: 40px;"><input type="checkbox"/> Archive old mail to CD/DVD</p>
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Authorization Proper authorization is required for account to be processed. By signing this form the user agrees to abide by the Goshen County Computer Use Policy available on the Goshen County IT website. **DO NOT SHARE YOUR USERID/PASSWORD.** I understand that I am responsible for anything that occurs on the network under my user id.

_____	X _____	_____
(Print) Applicant's Name	Applicant's Signature	Date
_____	X _____	_____
(Print) Authorizing Name	Authorizing Signature	Date

Law Enforcement Use Only

Badge #:	DOB:
Height:	Eyes:
Weight:	Hair:
Sex:	

ID Card Signature (sign in space provided for placement on ID card):

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RiMS/InCustody Account:	Date:	Initial:
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IT Use Only

Windows Account:	Date:	Initial:
Email:	Date:	Initial:
Distribution List:	Date:	Initial:
ACCOUNTS DISABLED/DELETED	Date:	Initial: