# 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

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor:</th>
<th>Date of Hire/Start Date: <strong><strong>/</strong></strong>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Time [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>*If Summer/Temp:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>End Date of Employment: <strong><strong>/</strong></strong>/____</td>
</tr>
</tbody>
</table>

| Previously employed with CITY/COUNTY? | YES [ ] | NO [ ] (If YES, which department? ____________)| |
|---------------------------------------|---------|------------------------------------------------|

<table>
<thead>
<tr>
<th>HAS THIS EMPLOYEE RESIGNED or been TERMINATED?</th>
<th>YES [ ]</th>
<th>NO Date <strong><strong>/</strong></strong>/____</th>
</tr>
</thead>
</table>

### NEW ACCOUNT

1) **ENTITY**
   - [ ] GOSHEN COUNTY GOVERNMENT
     Dept ___________________
   - [ ] CITY OF TORRINGTON GOVERNMENT
     Dept ___________________
   - [ ] LAW ENFORCEMENT / EMS / GC ATTORNEY
     Dept ___________________
   - [ ] OTHER: ______________________

2) **ACCOUNT SIMILAR TO:**
   Employee Name: __________________________

3) **PRINTERS (Choose ONLY 1 Default)**
   - Name: ______________________ [ ] Default
   - Name: ______________________ [ ] Default
   - Name: ______________________ [ ] Default

4) **OTHER ACCOUNTS REQUIRED**
   (Check ALL that apply)
   - EMAIL (Outlook/Exchange)
   - ID/ENTRY CARD
   - LAW ENFORCEMENT SOFTWARE
     - RIMS/Mobile RIMS
     - WYCJIN
     - NCJIN
     - OMNIXX.WCJIN
     - Other: ______________________

5) **TELEPHONE**
   - PHONE Extension
   - DIRECT DIAL INBOUND NUMBER
   - Voicemail

### MODIFICATION

- NETWORK / WINDOWS
  - Permissions Change (Elevation/Reduction)
- EMAIL (Outlook/Exchange)
  - Send / Receive Limit Increase
  - Other: ______________________

- LAW ENFORCEMENT SOFTWARE
  - RIMS/Mobile RIMS
  - CHANGE OF NAME
  - AGENCY CHANGE (Law Enforcement Only)
  - Other: ______________________

Notes/Explanation: ______________________

### DELETION

- DELETE NETWORK / WINDOWS Logon
  - Accounts marked DELETE will be disabled for 30 days before deletion
- DELETE EMAIL ACCOUNT
  - Archive old mail to CD/DVD

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

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* Prochrift: "Please PRINT LEGIBLY"
### Law Enforcement Use Only

<table>
<thead>
<tr>
<th>Badge #:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height:</td>
<td>Eyes:</td>
</tr>
<tr>
<td>Weight:</td>
<td>Hair:</td>
</tr>
<tr>
<td>Sex:</td>
<td></td>
</tr>
</tbody>
</table>

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


<table>
<thead>
<tr>
<th>RiMS/InCustody Account:</th>
<th>Date:</th>
<th>Initial:</th>
</tr>
</thead>
</table>

### IT Use Only

<table>
<thead>
<tr>
<th>Windows Account:</th>
<th>Date:</th>
<th>Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Date:</td>
<td>Initial:</td>
</tr>
<tr>
<td>Distribution List:</td>
<td>Date:</td>
<td>Initial:</td>
</tr>
<tr>
<td>ACCOUNTS DISABLED/DELETED</td>
<td>Date:</td>
<td>Initial:</td>
</tr>
</tbody>
</table>

User Account Creation/Modification/Deletion Form

Version 7

Modified on 5/6/2015