

## Information Systems Service Request

<b>(NOT FOR INSYST ACCOUNT REQUEST)</b>	Date:	<b>Information Systems Use Only</b>  File #: _____  Assigned to: _____
	Request Completed by:	
	Phone No:	
<b>Network Accounts:</b> <input type="checkbox"/> Add – New User <input type="checkbox"/> Change <input type="checkbox"/> Remove		
User's Name:		
Permissions same as (a <i>current user's name</i> ):		
Department:		
<b>Network Printer Connection(s):</b>		
<b>Applications:</b> <input type="checkbox"/> Standard Desktop Features (MS Office, E-Mail, Internet) <input type="checkbox"/> Insyst Icon <input type="checkbox"/> UCL <input type="checkbox"/> Alcolink <input type="checkbox"/> Mainframe Access <input type="checkbox"/> eCURA3 <input type="checkbox"/> Acrobat Reader <input type="checkbox"/> Other ( <i>specify</i> )		
<b>Describe request for other IS services or requirement not included above:</b>		
<b>Mainframe:</b> <input type="checkbox"/> Personnel (PQMM, PSMM, PREQ) <input type="checkbox"/> Super Session <input type="checkbox"/> MEDs <input type="checkbox"/> Subpayee <input type="checkbox"/> CDS (Welfare) <input type="checkbox"/> JUVIS <input type="checkbox"/> Other ( <i>specify</i> )		
<b>Hardware:</b>		
Describe:		
Reason:		
<b>Approval:</b>		
<b>Manager* Signature:</b>	<b>Print Name &amp; Title:</b>	<b>Date:</b>
* BHCS Director, Deputy Director, Management Services Managers, Medical Office Managers, Finance Office Managers, Adult/Children's & Access County Site Managers, QI & QA Managers, System of Care Managers, Human Resources Managers		
<b>INFORMATION SYSTEMS USE ONLY</b>		
Information Systems Approval:	Date:	