# 

# New Hire Work Order

## EMPLOYEE INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Start date: |  |
| Position: |  |  | Supervisor: |  |
| Position Type: | FTE  Temp  Temp. Grant |  | Office Location: |  |

## ADMINISTRATIVE PROCEDURES REQUEST (Check all that apply.)

|  |  |  |
| --- | --- | --- |
|  | * Office/desk/work station location * Building Keys * E-Mail account * VPN * Token * Business cards * Cell Phone | * Parking space * Picture ID badge * SCFS Name tag * Office/Cubical Name plate * Office phone number * Telephone (equipment) * Mifi |

## COMPUTER REQUEST (Check all that apply.)

|  |  |  |  |
| --- | --- | --- | --- |
| Laptop \_\_\_\_\_\_\_\_\_\_\_  Laptop Accessories:  Mouse  Keyboard | * Desktop/Monitor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Docking Station  \_\_\_\_\_\_\_\_\_\_\_\_\_ | * Additional Monitor \_\_\_\_\_\_\_\_\_ |

**Additional Requests:**

## HR Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor: |  |  | Date Request Received: |  |
| Funding: |  |  | Fund: |  |
| Functional Area |  |  | Grant: |  |

Computer: Imaging Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Installed/Deployed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_