#

# 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 [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_