

# COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION  
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING #

## REQUEST SUBMITTED BY (Point Of Contact):

Please Print: ( Last , First M. Initial )

DATE SUBMITTED:

( ) -  
PHONE:

## CUSTOMER, WORK TO BE PERFORMED FOR:

## TITLE/POSITION:

Please Print: ( Last , First M. Initial )

(As seen in the EOP Phone Book)

## DEPARTMENT:

(Agy/PAD) (Div/DAD) (Sub-Div/Branch)

BUILDING:

ROOM:

( ) -  
PHONE:

## CUSTOMER INFORMATION:

Pass Type:  Permanent  Temporary  Access List  Other \_\_\_\_\_

Emp Type:  EOP Staff  Detailee  Intern/Student  Other \_\_\_\_\_

(e.g., Volunteer, Fellow, ...)

## CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name

Contract #

Purchase Order #

( ) -  
Co/Agcy Phone #:

Company / Agency Address

Co/Agcy City

Co/Agcy State

Co/Agcy Zip:

## ACTION REQUESTED:

Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name.  
If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT).

REQUIRED DATE: \_\_\_\_\_

## ACCESS REQUEST:

Create (New Account)  Modify (Update existing ID)  Delete/Disable (Departing Staff)  Transfer (Transfer Ownership)  Dial-In Access (Justify above)  External Access (Internet & X.400 Mail)

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

IBM Mainframe: \_\_\_\_\_  
(7 Char. ID)

User Name: \_\_\_\_\_  
(12 Char ID, {ALL-IN-1 &.or LAN})

Novell Server Name: \_\_\_\_\_  
(E.G.: WHADMIN, OMB\_A, IRMD,...)

## EQUIPMENT REQUEST:

(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)

New Install  Upgrade  Re-Assign  Re-Allocate  Return to Inv.  Site Survey

PC Load Type:  US-2000  OASIS 5.0  Stand Alone  Other \_\_\_\_\_

CPU Bar Code #: \_\_\_\_\_ CPU S/N#: \_\_\_\_\_  
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: \_\_\_\_\_  
(Owner is normally set as Default Login User Name)

Pager/Celluar  Pager S/N#: \_\_\_\_\_  Cellular Phone S/N#: \_\_\_\_\_

## AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer

Date

Signature of Supervisor or POC: (EOP Staff)

Print: (Last , First M. Init.)

Date

Signature of AGY/PAD Admin. or COTR:

Print: (Last , First M. Init.)

Date

**Customer UserID & USER NAME Information:**

DOCUMENT TRACKING #

IBM Mainframe: Regions: \_\_\_\_\_ Applications: \_\_\_\_\_  
(e.g.. CICS, M204, TSO,...) (APCAPS, PCON, ...)

TSOPROC: \_\_\_\_\_ TSOACCT: \_\_\_\_\_  Full Screen:

Misc.: \_\_\_\_\_

ALL-IN-1: Applications: \_\_\_\_\_  
(E.G.: SCHED, CSD, ...)

Logical Group: \_\_\_\_\_  
(This field is normally completed by IS&Tstaff)

DEPARTMENT TITLE: \_\_\_\_\_  
(This field is only 32 CHAR. long and is included in the From line of the ALL-IN-1 E-Mail.)

Novell (LAN): Novell Server Name: \_\_\_\_\_  
(E.G.: WHADMIN, OMB\_A, IRMD,...)

Groups Belonged To: \_\_\_\_\_  
(Work &/or Div. Group. + E.G. US2000, WHODB, ...)

Full Name MAP Path: \_\_\_\_\_  
(This is the F: drive MAP Path structure.)

Additional Instructions: *(Other platforms, special loads, file and resource access rules, privileges, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Application/System Project MGR. \_\_\_\_\_ Print: (Last , First M. Init.) Date \_\_\_\_\_  
*(Account requests only)*

**FOR IS&T COMMENTS ONLY**  Check if additional Documentation attached. ID RECEIVED BY: \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Customer Support Coordinator. (CSC) \_\_\_\_\_ Print: (Last , First M. Init.) Date \_\_\_\_\_

Signature of Information Security Officer: \_\_\_\_\_ Print: (Last , First M. Init.) Date \_\_\_\_\_  
*(Dial-In & Privileged access requests only)*

**CSAR #:** \_\_\_\_\_ **CSAR #:** \_\_\_\_\_ **CSAR #:** \_\_\_\_\_

**FOR:** \_\_\_\_\_ **FOR:** \_\_\_\_\_ **FOR:** \_\_\_\_\_