***Sanilac CMH New Staff Information Technology Form***

**Name:**       **Start Date:**

**Job Title:**       **Department:**

**Supervisor:**

**Office Physical Location:**

**Shared Files:**       **Shared Calendars:**

**Laptop:**  **Yes**   **No** **MiFi:**  **Yes**   **No**

**Printers:**       **Croswell:**  **Yes**   **No**

**Cell Phone:**  **Yes**  **No** **VPN:**   **Yes**   **No**

Multi Factor Authentication (MFA): MFA Application on Phone **Yes**   **No**

**Keys:**  **ID/Key Fob Provided:**    **Other Needs:**

**Date Received by IT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_Account \_\_\_\_File Access \_\_\_\_Computer \_\_\_\_Monitors

\_\_\_\_Dock \_\_\_\_Printers \_\_\_\_Phone \_\_\_\_Other