***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