



IT USER RELOCATION FORM

E-MAIL the completed form to the Service Desk at servicedesk@cityoftulsa.org. FAX form to (918) 699-3677 ONLY if e-mail is unavailable. Call the Service Desk at (918) 596-7070 with any questions.
 Incomplete information will delay this request.

CURRENT LOCATION INFORMATION		
Name (First, MI, Last) and Title:	Telephone #:	Date:
Department & Cost Center:	Building/Office Location & Workstation #:	
Fund:	Manager:	Planned Move Date:

Check each item to be moved:

- Computer(s) – Total # to be moved: _____ Computer Name(s): _____
- Personal Printer
- Scanner
- Phone
- Boxes – Total # to be moved: _____
- Other: _____

NEW LOCATION INFORMATION	
<p>Is user changing departments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Building/Office Location & Workstation #: _____</p> <p>Telephone Outlet #: _____</p> <p>Network Outlet #: _____</p> <p>Note: Outlets are located on the back wall of the workstation.</p>	<p style="text-align: center;">TELEPHONE INFORMATION</p> <p>Select from the following:</p> <p><input type="checkbox"/> New Phone</p> <p><input type="checkbox"/> Existing Phone – Phone #: _____</p> <p><input type="checkbox"/> New ACD Phone</p> <p><input type="checkbox"/> Existing ACD Phone – Phone #: _____</p> <p>Note: OTC phone moves require one full business day for activation. Phone may not function at either location until the end of business day.</p>

APPROVALS			
Requests require the signature or electronic approval of a manager. Appropriate signatures or electronic approvals must be obtained prior to sending the completed form to the Service Desk.			
APPROVALS:	Signature:	Print Name:	Date:
Requestor:	_____	_____	_____
Manager:	_____	_____	_____

IT PROJECT REQUEST FORM

Instructions

The first step to initiate a new project request is to complete the Project Request Form (PRF) in its entirety.

Sections A, B, and C should be completed by the department or entity who submits the request for the project. Assistance in completing this form may be requested from the PMO at PMO@cityoftulsa.org. To open a service ticket for assistance, contact the IT Service Desk at 596-7070 or ServiceDesk@cityoftulsa.org.

NOTE: Help text is provided in italic parentheses to help describe the information that is being requested. Items in gray are for informational purposes only.

The client is not expected to research a solution, but rather communicate the project needs. If you have a suggested solution, please include the information as an attachment to this request. IT is responsible for determining and recommending the appropriate solution.

Description of Proposed Project			
A. GENERAL INFORMATION		Work Request #: <i>(This will be assigned by IT)</i>	
Proposed Project Name: <i>(Please input a suggested project name. The official project name will be assigned on the Project Charter.)</i>			
Date of Request:			
Requestor's Name:			
Phone #:			
Requestor's Department:			
Department Head or Designee Name:			
Phone #:			
Priority Status: <i>(H – High, M – Medium, L – Low)</i> Select Priority			
Tracking ID: <i>(Service Request Tracking Number(s) will be completed by Service Desk.)</i>			
B. PROJECT OVERVIEW			
Executive Summary: <i>(Provide a summary of the most important business reason for initiating the project. Explain the need and benefits.)</i>			
Business Need: <i>(What is the problem to be solved by doing this project? Please provide a business case explaining why this project should be done, including expected goals and objectives.)</i>			
Justification: <i>(Provide a description of the cost justification. Include hard benefits and soft benefits.)</i>			
Impact: <i>(Briefly describe the impact to the department and its customers and/or business partners by both the project and resulting product or service being requested.)</i>			
Impact of Not Doing This Project: <i>(How will this request impact the business organization if it is not done?)</i>			
Budget Requirements:			
Have the Funds Been Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Funding Source:	
Estimated Cost of Project? <i>(In dollars)</i>			
Additional Information: <i>(Please provide additional details or information)</i>			
Provide the Expected Completion Date of the Requested Project:			
C. AUTHORIZATION SIGNATURES: <i>(Email approvals are acceptable)</i>			
Department Head Or Designee Approval	Date	Project Management Office Approval	Date
Director-IT Operations/Support Approval	Date	Director-IT Information Services Approval	Date
CIO Approval	Date		Date



USER ACCESS AUTHORIZATION FORM

Date:

Select One: New Computer New Employee Existing Employee Re-Hire Non-Employee

Purpose: Add Change Rename Remote Access Name Change

NOTE: For Exiting/Transferring Employees, please refer to the *Employee Exit/Transfer Checklist*.

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Incomplete information will delay this request.

Submit completed form 5 business days prior to employee start date and allow 3 business days for completion on ALL requests.

Section 1

REQUIRED INFORMATION

User Name (First, MI, Last) and Title:	User Telephone #:	Office Location & Workstation #:
Department & Cost Center:	Manager:	Requestor Name & Phone #:
Select One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time/Seasonal/Temporary <input type="checkbox"/> Intern <input type="checkbox"/> Contractor <input type="checkbox"/> Vendor	Start Date: End Date: (Required for part-time/seasonal/temporary, contractors, interns, vendors)	

Section 2

TELEPHONE INFORMATION

<input type="checkbox"/> New Phone or <input type="checkbox"/> Existing Phone If existing phone, provide full phone #:
<input type="checkbox"/> ACD Phone Queue No.
<input type="checkbox"/> Do you require voicemail? (If so, check the box.)
<input type="checkbox"/> Single Number <input checked="" type="checkbox"/> Shared Number

Section 3

E-MAIL DISTRIBUTION LISTS

New e-mail users are automatically placed in the *All Employees* distribution list as well as the appropriate department distribution list.

Specify additional e-mail distribution lists:

Section 4

COMPUTER HARDWARE INFORMATION

If employee requires a computer, is there an existing computer available?

Yes If yes, please provide the following: Computer Name: Fixed Asset #:

No If no, please complete a *Purchasing Requisition Form* and submit to the Service Desk.

Section 5

APPLICATIONS

Requestor will be responsible for any extra costs associated with requests for special applications and hardware. Refer to *Computer Equipment Specifications and the Authorized Software List Policy.*

<input checked="" type="checkbox"/> ABM	<input type="checkbox"/> CitiSource CitiStat	<input type="checkbox"/> Firehouse	<input type="checkbox"/> Medical Codes Software	<input type="checkbox"/> Pet Licensing Database
<input type="checkbox"/> Acrobat (Writer)	<input type="checkbox"/> CitiSource CompStat	<input type="checkbox"/> Frontline	<input type="checkbox"/> National Fire Code	<input type="checkbox"/> Point of Sale
<input type="checkbox"/> Access Based Pulmonary Database	<input type="checkbox"/> CitiSource Employee Search	<input type="checkbox"/> Geographic Atlas Browser	<input type="checkbox"/> OLETS	<input type="checkbox"/> Pro Viewer
<input type="checkbox"/> Affinity	<input type="checkbox"/> CitiSource Tul AV Stats	<input type="checkbox"/> Hosted Internet Registration (Safari)	<input type="checkbox"/> On Demand	<input type="checkbox"/> Resumix
<input type="checkbox"/> APM	<input type="checkbox"/> Custom Reports (TMA)	<input type="checkbox"/> IMAN	<input type="checkbox"/> Outlook Full Client	<input type="checkbox"/> Risk Envision
<input type="checkbox"/> Cassworks	<input type="checkbox"/> Daily Attendance	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Outlook Webmail	<input type="checkbox"/> Single User (Purchase Request)
<input type="checkbox"/> CartêGraph	<input type="checkbox"/> ECM Contracts	<input type="checkbox"/> Internet Quorum (IQ)	<input type="checkbox"/> PALS	<input type="checkbox"/> Skill Check
<input type="checkbox"/> City Clerk Database	<input type="checkbox"/> ECM Permits	<input type="checkbox"/> Internet Service Desk for TMA	<input type="checkbox"/> Paybase - Bottom-line	<input type="checkbox"/> Staff (Personnel Payroll)
<input type="checkbox"/> City Medical Hearing Test Machine Drivers & Utilities	<input type="checkbox"/> Extra Financial	<input type="checkbox"/> JURIS	<input type="checkbox"/> Credit Card Payment Site /Network Access	<input type="checkbox"/> TRACIS
<input type="checkbox"/> Code Stat	<input type="checkbox"/> Faxgate	<input type="checkbox"/> M4 Fleet and Fuel Management		<input type="checkbox"/> Training Partner 2000
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Section 6

NETWORK ACCESS/ SHARES/ PRINTERS

Specify the SHARES and PRINTER NAMES needed (i.e. \\servername\foldername; \\printservername\printername). This information is required and must be completed or form will be returned incomplete.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FTP to:		

Section 7

CITRIX ACCESS REQUEST

Citrix Access N/A

Specify Citrix applications needed:

Section 8

APPROVAL SIGNATURES

The user's Manager and other appropriate signatures or electronic approvals must be obtained prior to sending the completed form to the Service Desk.

Note: All privileges assigned to individuals are based on job classification and function.

APPROVALS:	Signature:	Print Name:	Date:
User Signature:	_____	_____	_____
Manager Signature:	_____	_____	_____
*Other Signature: (as required)	_____	_____	_____