

Account Holder Request Form

Please return this form to Information Technology

Section I – Action Requested (if desired action isn't listed, contact the IT Service Desk at 704-216-8114)

- Create New Account
- Expire/Disable Existing Account (Can skip to Section IV for Dept Head signature only to complete as account disable form)

Username: _____ Full Name: _____

Date Required: _____ Reason: _____

Section II – Required Information (Please Print)

Name: _____
(First) (MI) (Last)

Employee ID Number: _____

Department/Division: _____ Work Phone: _____ Fax: _____

Job Title: _____

Section III – Department Information (Required for Account Creations)

If the following account types are selected, you must complete info on the right

Rowan County Employee
Dept. Temp Employee
Intern
Vendor (individual)*
Vendor (shared)*
External Agency (individual)*
External Agency (shared)*
Other* _____

Sponsor: _____

Expiration Date: _____

This account requires:

Email
Munis (Accounts Payable / Payroll)
Track-IT (work orders)
RightFax
Other _____

*Supply reason for account: _____

Section IV – Authorization

I have read the Technology Appropriate Use Policy. I understand and agree it is my responsibility to be aware of changes in the Policy as listed in the Personnel Manual, Section III, Article 19.

_____ Print Name of New Employee _____ New Employee's Signature _____ Date

I approve this request, the assignment of computing resources, as well as any necessary charges to the above account.

_____ Print Name of Department Head _____ Department Head's Signature _____ Date

Section V – Account Information (Completed by Information Systems)

Email Address Assigned: _____ Date Completed: _____

Account ID (Windows): _____ Account ID (AS400): _____