

**Commonwealth Office of Technology
Staff Service Request Form – EZ Version Instructions**

These instructions are provided as a guide to the COT-F181EZ Staff Service Request Form. The original [COT-F181](#) should be used for COT employees, and for any agency employees who are serving in an IT capacity and require special permissions on servers and/or databases. **It is important to review all [Service Descriptions and Rates](#) before you begin.** For assistance in completing this form, contact your [Agency Contact](#), your [Business Relationship Manager](#), or the Commonwealth Service Desk at 502-564-7576. Once completed, please submit the form via email attachment to the Commonwealth Service Desk at CommonwealthServiceDesk@ky.gov.

REQUESTOR INFORMATION: This section identifies the type of action to be taken, and the person authorizing the request.

- **Agency Tracking Number:** Reference number for any internal tracking systems or mechanisms used by the requesting agency.
- **Request Type:** Required. Select an option from the drop-down list. If an employee is moving to a different department within the Cabinet/Agency, please select “Change User” to ensure access to resources is removed without other services being deleted.
- **Today’s Date:** Required. The date the request form is being submitted.
- **Request Effective Date:** Required. The effective date of the requested action.
- **Authorized Agency Contact Name/Telephone:** Required. The name of the Agency Human Resources Contact, or Agency IT Services Contact who is authorized the request. Click [here](#) to read more about Agency Contacts.

STAFF INFORMATION: This section identifies the employee. The information is necessary to ensure the employee’s account properties, including locality information and organizational information, are properly set. Please include as many details as possible.

- **Employee Type:** Required. Select an option from the drop-down list.
- **If Contractor/Vendor, provide company name:** The name of the company which the contractor/vendor represents.
- **If Other, define:** If no drop-down list selections are appropriate, please provide explanation.
- **Supervisor’s Name, Telephone:** Required. A new employee’s logon credentials will be sent to this Supervisor. This person will also serve as a contact for any questions pertaining to this request.
- **First Name/Middle Name/Last Name:** Required. Name of the employee for whom this request is being made.
- **Preferred Name:** If employee prefers to send correspondence using a name other than First Name.
- **Title:** The employee’ job title.
- **E-Mail Address:** For existing employees, please enter the e-mail address. For new employees, please enter “New.”
- **Cabinet:** Required. The name of the Cabinet or top-level organization where this individual is or will be employed. Not required for County Clerk, Circuit Clerk or PVA.
- **Department/Office:** The name of the Department or Office where this individual is or will be employed.
- **Division:** The name of the Division where this individual is or will be employed.
- **Branch:** The name of the Branch where this individual is or will be employed.
- **Section/Team:** The name of the Section and/or Team where this individual is or will be employed.
- **Work Address line 1 and 2:** Required. The street address of the building or office where the employee resides or will reside. This information is needed in order to deploy support personnel to the correct location.
- **Physical Location:** The exact location of the individual’s workstation – building, floor, office number, etc. This information is needed in order to deploy support personnel to the correct location.
- **City, State, Zip:** Required. The City, State, and Zip code of the location where this employee resides or will reside. This information is needed in order to deploy support personnel to the correct location.

SELECT SERVICES: In this section, you will select IT services needed. For request type Create User, enter any services the employee will need in order to perform his/her job duties. For request type Change User, select any services impacted by the change (for an employee name change, select User/Windows/Network Account and Mailbox). For request type Remove User, indicate any services that need to be de-provisioned.

- **COT Billing Number:** Required if the request includes any [rated services](#). If you do not know your billing number, please contact your agency's budget or financial office.
- **Use same Billing Number for all service/account types selected?:** If all services for this employee are to be billed to a single COT billing number, please check **Yes**. If services are charged to multiple accounts, please check **No**, and list the billing number for each selection in the spaces provided.
- **Service/Account Types:**
 - User/Windows/Network Account: This is an account in the agency's Active Directory domain, which allows the user to login to a computer and access various network resources (i.e. shared network drives, applications, websites)
 - Mailbox: Select if the employee needs to use email, or if email needs to be changed or removed. Please specify [Basic](#) or [Enhanced](#) mailbox.
 - Telephone: Select if the employee will need an office telephone, or if the telephone needs to be removed. Do not use this selection for assignment or removal of a mobile phone.
 - VPN: If the employee uses or needs to use a VPN (Virtual Private Network) for working from home or a remote location, please select this option.
 - Computer: Select the type of personal computing device that the employee is using or will use. If the employee does not need a computer, select "No Computer Required." If the employee will be using a shared computer, or a computer that is already on-site, please select "Use Existing Computer."
 - Comments: Enter any special notes regarding provisioning, changing, or de-provisioning services for the employee. If you would like to request non-standard equipment for the employee, please provide requirements here. If request type "Change User" was selected, please denote the required changes (i.e. name change, relocation, etc).
- **Home Folder if known:** If known, please list the folder path for the desired location of the user's home directory for storing files and documents, typically referred to as the "U: drive" or "H: drive." The folder path may be captured by clicking Start>Computer on the employee's or a similar user's computer. If unknown, please enter "Unknown."
- **Shared Folder(s) if known:** If known, please list the folder path for any shared network folders the employee will need access to. The folder path may be captured by clicking Start>Computer on a similar user's computer. For each shared folder path entered, please select the level of permission desired – Read Only, Read/Write, or Read/Write/Edit/Delete. If the employee's access to a shared folder needs to be removed due to reassignment or termination, or for request type Remove User, please select Remove Access.
- **Comments:** Enter any special notes regarding employee file/folder access. If the employee needs to be added to or removed from security groups in Active Directory, please indicate here. If the employee requires permissions identical to that of another employee in the same role, a "permissions like" statement is acceptable. If you would like the contents of a departing employee's Home Folder to be copied or archived to another location, please explain here.