City of Saint Paul
Office of Technology & Communications

SAINT PAUL

The Most Livable City in America

Requesting Authority   (who is requesting the changes be made)

Each section must be completed for form to be accepted:
Requesting Authority
Type of Network Account change being requested
User information

Name: _____   Date: _____

Department: _____   Phone Number: _____

(To enter the phone number, just enter the numbers, no hyphens or parentheses)

Type of Network Account change being requested: (Check all that apply)

☐ User is transferring to another Department or Office in City   ☐ User is having a name change

☐ Request Access changes to network programs or systems   ☐ User is changing phone numbers

User Information   (This is the information the administrators will use).

Name: _____   MI: _____   Username: _____

Account Change or Transfer Date: _____

If the User is changing either their name or their phone number, please list the New information below.

New First Name: _____   New Middle Initial: _____

New Last Name: _____   New Phone Number: _____

(Where the User will be when the requested change takes place)

Department: _____   Division / Unit: _____

Title: _____   Office Location (Street Address): _____

(New) Phone Number: _____   (New) Fax Number: _____

(To enter the phone number, just enter the numbers, no hyphens or parentheses. If this person is not to be given a phone number, leave the field blank)

If user is Transferring Departments, will there be a transitional phase where they'll need access to both departments?

◯ Yes   ◯ No   Start Date: _____   End Date: _____

User Setup   (This is the information to configure the user's workstation)

Setup User like this other person: _____

Email Considerations

The User's e-mail account should be changed to a Full E-Mail Client, or a Limited Client License (webmail only account).

◯ Outlook 2010 Client   ◯ Outlook Web Application only (OWA)

Lync Considerations

Should this person be set up with Microsoft Lync? **(Requires additional Approval Form signed by the Supervisor).**   **OTC Lync (Instant Messaging) Authorization and Request Form (pdf)**
(User will not be set up with Lync until Authorization form is received)

◯ Yes   ◯ No

Other Application Accounts

Lawson Account Setup/Removal for this user: ◯ Yes   ◯ No   **You must also fill out an Infor Systems User form for this user.

Other systems they should access: (example: ATS, BAM, CMMS, Legal Edge, Payroll, ... etc . . .) (List everything you think will be needed).

```
[                                                                    ]
```

Systems they should be removed from:

```
[                                                                    ]
```

Some System, (Application), accounts can only be set up after the person has started work, and the primary network account established.
Please list these applications also, if this person will need them.

When you have completed this form, please do one of the following:
1. Click the Submit by E-mail button - this will open an email to ServiceDesk@ci.stpaul.mn.us and attach this form
2. Print and Fax the form to 651-266-6755
3. Save the form, attach it to a new e-mail, and then email it to ServiceDesk@ci.stpaul.mn.us

---