SERVICE REQUEST FORM

SOP-HRR-001-F10

Once completed, please email this form to "Service Request" distribution list.

Request Date: _____ Start Date: _____

POSITION INFORMATION	
Position Title:	Position #:
Office Building:	Suite/Room #:
Bureau Name:	
Supervisor:	Supervisor Phone:

EMPLOYEE INFORMATION	
☐ New Employee ☐ Change Request ☐ Contractor	
Employee Name:	Employee Nickname:
Shirt/Jacket Size: ☐ S ☐ M ☐ L ☐ XL	Gender: ☐ Female ☐ Male
Work Address:	
Shared Folder Access: ☐ Read ☐ Write ☐ Disable	Shared Folder Access Path:
Desk Phone: ☐ Yes ☐ No ☐ Active	Cell Phone: ☐ Apple ☐ Android
Email Address Format:	

ADDITIONAL EMAIL ACCESS INFORMATION (Please Check One)

Name of Additional Mailbox: _____

Access Level: ☐ Read/Manage ☐ Read/Manage, Send As ☐ Read/Manage, On Behalf Of

☐ Read/Manage, On Behalf Of, Send As ☐ Remove Access

Employees are given access to applicable Program Files on the J: drive. Additional folder accesses may be requested for employee to perform assigned duties.

EMPG Grants Mgmt.		DHS Grants Mgmt.		Recurring Expenses	
Reports from Reports Library:					
Budget		Payroll		FLAIR	
Other:					

INFORMATION TECH. MANGEMENT (ITM) SYSTEMS: Enter an "E" for Enable

OASIS		HSIN		E-GRANTS		DEMES		Everbridge	
Grant Awards		Power DMS		FTP Account(s) Name:					
Secure FTP Account Name(s):				Other:					

OTHER SYSTEMS: Sign and Enter "E" for Enable by applicable system(s). **Note: Signatures are required and indicate approval by System Owners/Custodians**			
SYSTEM	**OWNER/CUSTODIAN**	**SIGNATURE**	**E**
BSIR	Preparedness		
E-Plan	Response		
PMS	Finance & Accounting		
Fed Letter of Credit System	Finance & Accounting		
FLAIR	Finance & Accounting		
PARs	Finance & Accounting		
Mitigation.org	Mitigation		
FEMA NEMIS/EMMIE	**Mitigation**		
LAS/PBS	Budget		
MFMP	Purchasing		
People First HR Staff	Personnel		
FACTS	Purchasing		
FERS	Recovery		
Florida PA (Specify Access Type):	Recovery		
FEMA NEMIS/EMMIE	**Recovery**		
FEMA PIY Badge			

Additional Notes:

Supervisor's signature acknowledges approval of his or her employee's access permissions. Supervisors shall obtain authorization from System Owners/Custodians and shall monitor/modify/terminate their employee's access privileges as necessary to ensure compliance.

_____ _____

Supervisor of Authorized User's Signature Date

The below signed user shall use all due diligence to protect the FDEM network and the devices assigned to them by adhering to the Division's IT policies/procedures. This includes but is not limited to keeping passwords secure, guarding confidential/sensitive information, and timely logging out and locking IT systems. Each FDEM staff member, contractor, or intern is responsible for all actions performed under his or her login credentials.

_____ _____

Authorized User's Signature Date

ITM USE ONLY:

Assigned Username: _____

Received Date: _____

Completed By: _____ _____

Printed Name Completion Date