



New Employee IT Onboarding Request

Complete all fields. Incomplete forms will delay onboarding.

Employee Information

Full Legal Name: _____

Preferred Name (optional): _____

Job Title: _____

Department: _____

Manager/Supervisor: _____

Start Date: _____

Work Location (Office / Remote / Hybrid): _____

Account Setup

Email Address: Follows Company Naming Convention

Shared Mailboxes (list): _____

Distribution Lists (list): _____

Teams / Channels (list): _____

Device Information

Device Type: Company Device Personal Device (BYOD)

If Company Device: Ready for Setup (Yes/No): _____

Access Requirements

File Shares / OneDrive Access (list): _____

Applications Required (list): _____

Special Instructions



Only include critical setup details. Avoid vague requests.

Requestor Information

Submitted By: _____

Department: _____

Email: _____

Manager Approval (Name): _____

Backup Failed Solutions - Internal Use Only