

**Wayne County Courthouse
Departmental Request for Access to Computer Services**

Last Name: _____

First Name: _____

Middle Initial: _____ Title: _____

Department: _____ Position: _____

Phone: _____

Please Mark all appropriate areas of need:

Word

Excel

WordPerfect

E-mail

Internet (Workstation cannot be established for employee until request is forwarded to MIS department)

Computer (Please refer to 'Request for Hardware')

List any other programs, files, or special access needed:

Department Manager: _____ **Date:** _____

*Department manager's signature of approval is required. It is the department manager's responsibility to insure that the Internet Policy form has been signed and forwarded to MIS. **No workstation will be set up with out it.** Any questions, please call the MIS Help Desk at extension 4550.*

For MIS use only:

Received by: _____ Date: _____

Login assigned: _____ E-mail: _____