CT State IT Post-Hire

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| **Scope: CS State** | **Revision Date: 03/10/2022** |

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# **Directions**

**Post-Hire Request Info** - to collect information to ensure the equipment is properly configured and the staff is granted the proper access to systems, services, and data.

The post-hire form needs to be completed and submitted to the IT Service Desk (<https://cscu.service-now.com/>) by the **supervisor/hiring manager** at least 1 week prior to the employee start date, to ensure the equipment is configured and access to systems, services, and data is properly granted.

# **Post-Hire Request Info**

This section needs to be completed and submitted to the IT Service Desk (https://cscu.service-now.com/) by the supervisor/hiring manager at least 1 week prior to the employee start date.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Start Date** | **Choose a Date** | | **Employee Full Name** | | **Click to enter Last Name, First Name** | |
| **Employee Type** | **Choose Type** | | **Department** | | **Click to enter department** | |
| **Official Title** | **Employee Title** | | | | | |
| **Office Location** | **Please enter the campus (if applicable), building and room # where this employee will reside.** | | | | | |
| **Hiring Managers Name** | **Supervisor/Hiring Managers Name** | | | | | |
|  | | | | | | |
| **Banner ID** | | ***Please contact HR for Assistance*** | | **Email Address** | | ***IT will complete when available*** |
| Has this person **EVER** been a student or an employee in the Connecticut Colleges System? **Yes or No** | | | | | | |
| **Is this employee currently an active student or employee in the Community College system?**  **Yes or No**  If yes, what college: **Choose a College.**   * If yes, is this a temporary or permanent transfer? **Please Specify** * If yes, should this employee have an @ct.edu **Yes or No** * Any additional notes about the transfer? **Please enter any additional notes related to this employee transfer**. | | | | | | |
| Protective Enclave Access Authorization | | | | | | |
| Protective Enclave Access *(list protective enclave shares if more than one)* | | | | | | |
| Banner Access Authorization | | | | | | |
| Banner Access *(list modules/systems)* | | | | | | |

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| System Access Network File-Share Access |
| **Network File-Share Access:** *(list file shares employee should have access to)* |
| **Email Distribution Lists:** *(list distribution lists employee should be added to)* |
| **Microsoft Groups/Teams:** *(list Groups/Teams employee should be added to)* |
| **ADA Requirements:** *Please identify all authorized technology required for ADA compliance* |
| VOIP Phone Setup |
| **Dedicated extension requested: (list department as some areas reserve extensions by department)** |
| **Other lines/extensions the employee will be responsible for answering or monitoring:** |
| Does this extension require a voicemail? |
| Jabber account requested? |