

Jefferson County MIS
New Account/Transfer Account Request

PERSONAL INFO:

Legal First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____

Department: _____ Position: _____

Supervisor: _____ Start Date: _____

**** NOTE: Full legal name is required for all users. ****

TRANSFER ONLY:

Department transferring from: _____

Previous Position Held: _____

Workflow ID from previous position: _____

AS400 ID from previous position: _____

Old Phone Extension: _____

Access Needed:

Windows Log-On

Comp. Name: _____ IP address: _____ Asset Tag # _____

Email Shared Calendar _____

Network drive access _____

AS-400 Username of account to mirror _____

Workflow Username of account to mirror _____

Efile Username of account to mirror _____

Civil Criminal Family Probate

Phone Extension/Number for name change: _____

Other : _____

