

Jefferson County MIS  
New Account/Transfer Account Request

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**PERSONAL INFO:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_

\*\* NOTE: Middle name is required for all users that have one.

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**TRANSFER ONLY:**

Department transferring from: \_\_\_\_\_

Previous Position Held: \_\_\_\_\_

Workflow ID from previous position: \_\_\_\_\_

AS400 ID from previous position: \_\_\_\_\_

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**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 \_\_\_\_\_

Phone Extension/Number for name change: \_\_\_\_\_

Other : \_\_\_\_\_