IT Request

Basic Information			
Full Name:		Start Date:	
Cell Phone(for MFA):		EMP ID:	
Job Title:		Location:	
License Type:		License Number:	
Supervisor:			
Full Time:	Part Time:	Rehire:	

Software					
Wellsky:	Adobe:	Forcura:	SHP:	Medline:	Paylocity:
CareVoyant:	RingCentral:	Trella:			
Careficient:					
Domain for the email address(i.e. @lchhfamily.com):					
Email Groups Needed:					
User to clone for software:					

Hardware: (Pick only one)	
Laptop Setup:(office staff)	Tablet Setup: (clinicians)
Shipping Address:	

Phone:	
New Desk Phone:	Ring Central App:
Ring Group to be added to:	

Please fill out this form in its entirety and do not omit any blanks. Failure to do so will result in needing to submit a corrected form to IT before we can set up accounts or ship equipment adding delays to the process.

Locations needed to access:		
BF Weatherford:	BF San Antonio PD:	Valley Hospice:
BF San Antonio:	Eternal Faith SA:	Haven Home Health:
BF Wichita Falls:	Eternal Faith Austin:	CHC PD PB:
BF Graham:	Fairmont HH:	CHC HH PB:
BF Lubbock:	Fairmont Hospice:	CHC PD Miami Lakes:
BF New Braunfels:	CareFirst:	CHC HH PSL:
CHC PD Bonita Springs:	CHC PD Broward:	CHC PD ST Pete:
CHC HH Broward:		CHC PD Tampa:

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