

CITY OF CHICO
INFORMATION SYSTEMS EMPLOYEE SERVICE REQUEST

****Please email this form to help@chicoca.gov at least two weeks prior to the date needed.

Department: _____ Date: _____
 Contact: _____ Date Needed: _____
 Phone: _____

EMPLOYEE/INTERN/HOURLY/CONTRACTOR INFORMATION

Name: _____ Title: _____ Emp. ID: _____
 Employee Intern Hourly Contractor
 Physical Location: _____
 New Hire Transfer: New Location: _____
 Supervisor: _____ Phone: _____

PHONE & VOICEMAIL

Phone Voicemail _____
 Telephone Type: Single Line Multi Line _____
 Phone Number: _____
 Cell Phone: _____
 Mobile Device Notes: _____
 Additional Info: _____

COMPUTER & EMAIL

Software Requested: _____
 Network Access Email Access to R Drive: _____
 One Solution (Request for OS must be routed through the Finance Office)
 I Series (Request for I Series must be routed through the Police Dept.)
 Outlook on Mobile Device: _____
 Additional Info: _____

Signed by Department Director: _____ Date: _____

IS USE ONLY

Date Received:		Received by:	
Assigned to:		Completed by:	

CC to HR