Print Form

Submit To Help Desk by Email

OFFICE OF INFORMATION SERVICES

Request For Employee Information Technology Services

Complete this form to initiate any IT related Move, Add, or Change

ALL Telephone Service Requests must go through the Division Coordinator

All fields are required to process this form. **TAB** through the insert fields

New Employee New Student New Annuitant Returning Employee Cubicle Move Div/Section Move

Employee Name: (First - Middle - Last)

First Name: Middle Initial: Last Name:

Contact Persons Name: Check all that apply Manager Supervisor or POC

Name: Phone Number:

LOCATION:

***Division* & Branch**:		**Start/Effective Date**:	**New Phone Number**:

***Section Name* & Unit Number**:		**Voice Mail Reset**:	**SIO/Jack Number**:
		Yes No	
Supervisor's Name:		**Building Location**:	**Floor - Cubicle # / Office #**:

Need New Equipment? Yes No | If Moving Equipment please check this box and provide Barcode # on the line below.

Equipment Barcode Numbers: PC: Monitor:

OLD LOCATION if Moving

Division & Branch:			Old Phone Number:
Section Name & Unit Number:			Old SIO/Jack Number:
Supervisor's Name:		Building Location	Old Floor - Cubicle # / Office #

Other ARB Equipment: (Laptop, Desktop Printer, Scanner, PDA, Smartphone (Treo), Other):

Barcode Number(s):

Please add additional comments here:

Please Return Completed Form to
Air Resources Board - OIS Help Desk

1001 I Street, Room 812, Sacramento, CA 95814
Fax Number (916) 327-0640
For assistance or questions filling out this form
Contact the Help Desk at helpdesk@arb.ca.gov or (916) 445-8812