NEW FUNCTION/SERVICE
ACCOUNT ACTIVATION FORM

National Marine Fisheries Service - Headquarters

INSTRUCTIONS FOR Office of Information Technology Coordinators (OITCs):

Initiate this form to request a new Functional Email account, Service (Network) account or a Calendar Resource account. All of these accounts will be reviewed annually by the NOAA NMFS OCIO. All new Service account's will automatically be set to expire at the end of each fiscal year (Sept. 30th). After submitting this request and will need to be renewed by resubmitting this form.

Complete Section I to provide all account details. Please follow the NOAA guidelines when creating an account name (see below). Complete Section II, for all types of accounts. Please provide a Justification for why this account is needed and what type of access will need to be given. This form must be completed fully and SIGNED by the OITC before submitting.

- Email Account Guidelines: First Name "." Last Name (e.g., John.Doe@noaa.gov. Note: you can have multiple "." (e.g., nmfs.hp.helpdesk)).
- Network Account Guidelines: Fist Initial and Last Name (John Doe = JDoe)
- Mailing List Guidelines: This name must be unique throughout the entire directory and must start with an underscore (the "_" symbol), followed by the Line Office acronym (e.g., _NMFS MB Staff or _NMFS Webmasters).

SECTION I . TO BE COMPLETED BY OITC REPRESENTATIVE FOR OFFICE.

NAME OF PERSON REQUESTING ACCOUNT:			START DATE:	
SUGGESTED ACCOUNT NAME:			END DATE:	
DIVISION:	SUFFIX:	MANAGER OF ACCOUNT:	TELEPHONE:	x

SECTION II . TYPE OF ACCOUNTS.

☐ NETWORK (SERVICE ACCOUNT)

☐ EMAIL (FUNCTIONAL / MAILING LIST)
*Note the justification and email addresses for mailing list below.

☐ GOOGLE CALENDAR (RESOURCE ACCOUNT)

☐ LOCAL (SYSTEM) ACCOUNT

☐ NETWORK (ADMIN ACCOUNT)
*Must be signed by OCIO IT Security and Operations.

☐ OTHER: _____

SECTION III. JUSTIFICATION / ACCESS RIGHTS OR RESOURCE PERMISSIONS

Please provide a Justification for this account request. Include the business process, what systems and what access rights will need to be given and the reasoning for the account.

SECTION IV . AUTHORIZATION AND APPROVAL (Form Must Be Signed For Account Processing)

OITC'S NAME:	OITC'S SIGNATURE: _____	DATE:

If an Administrator Account is requested, the NMFS IT Security and Operations Manager must sign to authorize the account creation.

☐ APPROVED	☐ DISAPPROVED	NMFS IT SECURITY MANAGER SIGNATURE: _____	DATE: _____
☐ APPROVED	☐ DISAPPROVED	NMFS OPERATIONS MANAGER SIGNATURE: _____	DATE: _____