NEW EMPLOYEE
ACCOUNT ACTIVATION FORM

National Marine Fisheries Service - Headquarters

INSTRUCTIONS FOR Office of Information Technology Coordinators (OITCs):

Initiate this form at least a week before the new employee is scheduled to arrive. This form is to request account access to the NOAA email system, NMFS HQ Network and other as requested accounts.

In Section I, enter all account information for the new employee; choose their account type (FTE, Contractor, etc.), and provide as much detail as possible as this will reduce any delay when creating the account(s). Please **do not** enter a Telephone number if the employee is working at HQ. A telephone number will be assigned by the Office of the Chief Information Officer. Complete Section II, by checking the appropriate boxes for what type of account(s) the new employee will need. Advise the new employee that he/she will need to take the NOAA IT Security Awareness Training within 48 hours of their effective start date (Section III). **TO AVOID DELAYS IN ACCOUNT ACTIVATION,** this form must be completed and signed by the OITC for your Office and submitted to the Office of CIO before network system accounts are established.

START DATE:

SECTION I. ACCOUNT INFORMATION

NAME OF NEW EMPLOYEE: | FIRST NAME: | LAST NAME: | MIDDLE INITIAL:

NAME TO BE USED FOR ACCOUNT: | SUPERVISOR:

LOCATION: | CUBICLE: | DIVISION: | SUFFIX: | TELEPHONE: *(Offsite Only)*

Please identify what Avaya (Voice Over IP) phone system the user will be using: ☐ 9620 (Standard) ☐ 9650 (Receptionist) ☐ Help Desk

TYPE OF **PERMANENT** APPOINTMENT
(Full Time Employees only)

☐ New To Federal Service ☐ Transfer From Another NMFS Office ☐ Transfer From Another NOAA Line Office

TYPE OF **TEMPORARY** APPOINTMENT:
(Temporary employees by default will expire 1 year from Start date, unless otherwise specified)

☐ Contractor ☐ Associate (Student/Sea Grant) ☐ On Detail ☐ Other: _____

END DATE: CONTRACTOR COMPANY: _____

SECTION II. TYPE OF ACCOUNTS

☐ NETWORK

☐ EMAIL and CALENDAR

☐ VPN

☐ EDMS / DOCUSHARE

EDMS GROUP MEMBERSHIP: _____

☐ OTHER: _____

☐ OTHER: _____

☐ OTHER: _____

☐ OTHER: _____

NOTES/
COMMENTS:

SECTION III. SECURITY AWARENESS TRAINING COURSE

☐ Inform Employee to take Security Awareness Training Course.

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

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