Starke County Government
Active Directory Request Form

User Account Request Form

Account Type: ☐ New ☐ Reset Password ☐ Modify ☐ Disable

Employee Name: _____ ☐ Needs Email
(First Last)

Position/Title: _____ Work Phone/ Ext.: _____

Department: _____ Mobile Phone: _____

Access/ Permissions

Swipe Access: ☐ Jail (last 4 Soc.) _____ ☐ Court Services ☐ Health

☐ Sheriff's Office ☐ Other: _____

Additional Software Access:

_____

_____

Supervisor Name/Title: _____

Warning:

Accounts are to be used for Government purposes only, and will not be shared or transferred. Accounts may be used for personal enrichment; however, not for business profit. Misuse of this account will be cause for disciplinary actions. Additionally, all accounts are subject to audits. Upon resignation, reassignment, or retirement from Starke County Government, I am aware that this account will be terminated. **Effective**

Employee Signature & Date: _____

Supervisor Signature & Date: _____

Starke IT Signature & Date: _____

All Requests Need to be Submitted 24-48 Hours Prior to Start Date.

DO NOT WRITE BELOW. SYSTEMS AND PROGRAMMING GROUP USE ONLY.

User/Email Account: _____ Initial PWD: _____

Established By: _____ Date: _____