



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

IT Account Request Form

Use this form when requesting phone extension, work station setup, email address, computer logon, e-finesstri, thinsoft, or Google Apps.

Employee Name: _____ **Branch:** 1-AS 6-FL
(Circle one) 2-GB 7-WE
Hiring Supervisor: _____ 4-EO 8-SM
5-WA 9-SC
Department: _____

Account Type (Choose One): Individual Account Shared Account Distribution Group

Requested for: *
name of person getting the new account(s) _____

Supervisor is: *
name of supervisor of person getting the
new account(s) _____

Job title is: *
job title of person getting the
new account(s) _____

Department is: *
department name of person getting
the new account(s) _____

Computer name(s): *
computer name(s) where IT will need to
setup new user _____

Phone extension number _____

Member number : *
Please put the new staff person into our membership database so we can in
turn create their staff account. After you have them entered as a member (for
facility access) record their number on the line above. _____

SGA Account * (choose one) YES - SGA accout please. New Account to have Budgetary Responsibility NO - SGA login not needed

I understand that: * Accounts are intended for official YMCA business New staff person needs to be entered into E-finesstri