King Saud bin Abdulaziz University

for Health Sciences

College of Medicine IT Services Department



Form: A – 23 Version – 2.3

NEW USER ACCOUNT AND IT EQUIPMENT REQUEST & RECEIVE FORM

EMPLOYEE INFORMATION		
REQUESTER NAME:	BADGE NO:	
POSITION / JOB TITLE:	DATE:	
DEPARTMENT:	TEL:	

SERVICES REQUIRED			IT SERVICES USE ONLY REMARKS			
•	User Account					
•	Email Access					
•	Blackboard Access					
•	Workstation					
•	Laptop					
•	Personal Printer					
•	Scanner					
•	Document Management System					
•	File Sharing Access					
•	MS Visio					
•	MS Project					
•	MS Publisher					
•	MS One Note					
•	SPSS					
•	Mysis					
•	Acrobat Professional					
•	Adobe Photoshop					
•	OTHERS, Specify:					
	JUSTIFICATION					
AGR	EEMENT: I agree to the terms and policie	es of use				

Note: First time requesters are required to sign form "A – 23b" for Internet and Email User Agreement (See last page)

Name:

Signature:

MANAGER APPROVAL (DEPARTMENT HEAD)						
NAME	SIGNATURE	BADGE NO	DATE			

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> Form: A – 23 Version – 2.3

FOR IT SERVICES DEPARTMENT USE ONLY

MANAGER APPROVAL						
APPROVED	APPROVED DISAPPROVED					
COMMENTS:						
Name Signature Date						

ADMINISTRATION - USER & EXCHANGE CREATION						
•	USER NAME					
•	INITIAL PASSWORD			This is a tem asked to cha	porary password which will be ange by the user at first logon.	
•	DOMAIN					
•	CREATED BY		SIGNATURE		DATE	

ASSIGNED EQUIPMENTS

□ AVAILABLE

□ NOT AVAILABLE

NEW	EQUIPMENT ASSIGNED IN	FORMATION	
		MODEL	
•	CPU	SERIAL NO	
		ITS NO	
		MODEL	
•	MONITOR	SERIAL NO	
		ITS NO	
		MODEL	
٠	PRINTER	SERIAL NO	
		ITS NO	
٠	OTHERS		
SOFT	WARE INSTALLED		
٠	APPLICATION MATRIX		
•	SOFTWARE MATRIX		
	iowed: 00 Contomber 00		Darra 2 of 4

Last Reviewed: 08 September 09

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Form: A – 23 Version – 2.3

•	INSTALLED BY			SIGNAT	URE		DATE	
NETWORK CONFIGURATION								
•	COMPUTER NAM	ME						
٠	IP ADDRESS							
٠	MAC ADDRESS							
•	NETWORK POR	т						
CHECK	LIST	·						
•	Software Matrix							
•	Network Conne	ctivity						
•	Internet Access							
•	Anti Virus (Clier	nt Security)						
•	Windows Updat	es						
•	Inventory Updat	tes						
•	Printer Configur	ation						
•	Sharing Access							
•	Outlook Configu	uration						
•	User Logon							
ISSUE	D & INSTALLED	BY						
•	NAME					BADGE NO		
•	SIGNATURE	URE				DATE		
END USER ACKNOWLEDGEMENT								
I, the undersigned hear by declare that all the above items have been received in working order and will be used according to the college policies.								
Name:	Name: Signature:							

NOTE: PLEASE RETURN THE FILLED FORM WITH A PHOTOCOPY OF YOUR BADGE TO THE ITSERVICES DEPARTMENT IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE HELPDESK EMAIL <u>helpdesk@ksau-hs.edu.sa</u> PHONE EXTENSION 41036. King Saud bin Abdulaziz University for Health Sciences

College of Medicine

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جامعة الملك سعود بن عبد العزيز للعلوم الصحية

Form: A – 23

Form: A – 23b Version – 1.0

INTERNET AND E-MAIL USER AGREEMENT

I have read the University Internet and Email Usage Policy (<u>http://com.ksau-hs.edu.sa/its/images/Policy & Procedures/Internet and E-mail Usage Policy.pdf</u>). I recognize and understand that the university's Internet and E-mail systems are to be used for conducting the university's business only. I understand that use of this equipment for private purposes is strictly prohibited.

As part of the University and use of KSAU-HS gateway to the Internet and E-mail system, I understand that this Internet and E-Mail Usage Policy applies to me. I have read the aforementioned document and agree to follow all policies and procedures that are set forth therein. I further agree to abide by the standards set in the document for the duration of my employment with the university. I understand that Internet and E-mail usage may be monitored by the university to ensure compliance with the Internet and E-Mail Usage Policy.

I am aware that violations of this Internet and E-Mail Usage Policy may subject me to disciplinary action. I further understand that my communications on the Internet and E-mail reflect the university worldwide to our faculty, students, customers and suppliers. Furthermore, I understand that this document can be amended at any time.

Employee's Printed Name

Badge No.

Department

Employee's Signature

Date