



COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH INFORMATION SYSTEMS
SYSTEM SERVICE REQUEST



REQUESTOR INFORMATION

Full Name: _____ Emp. #: _____ Functional Title: _____
 Organization: _____ Work Phone: _____ Work Fax: _____
 Street: _____ Floor: _____ Rm: _____ City: _____ Zip: _____

REQUEST DETAILS

Full Computer Name:	System(s)/Application(s):	Effective Date:
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Indicate the service you are requesting (check all that apply)

- Create a share directory
- Add / Modify user access to existing share directory
- Add / Modify / Remove user access
- Add to Copier/Scanner

Please indicate rights to be granted to employee:

- Grant Read and Write
- Remove Read and Write
- Grant Read Only

Description of Request (If you are requesting directories or subdirectories to be modified, indicate the names. Example: F:\info\shared\new folder name):

Justification:

SIGNATURES

Requestor Signature _____ Date _____

Supervisor (Print Name) _____ Phone _____ Supervisor Signature _____ Date _____

PHIS USE ONLY

Ticket #: _____ Project Name: _____

Did this request get redirected back to Help Desk? Yes No New Ticket #: _____

IS Agent (Print) _____ IS Agent Signature _____ Date of Work Performed _____

Notes: