



NEW HIRE FORM

Please email completed forms to MCP-Help@mncppc-mc.org

Name of Person Completing Form: _____

Employee Name: _____ **Employee ID:** _____

Department and Division: _____

Job Title: _____ **Start Date:** _____

Supervisor: _____ **Employment Status:** _____

Worksite: _____

Address: _____

Office Number or General Location: _____

Examples: A2016; 3rd Floor cubicles; Second office on the left, desk to the right

Equipment Needs: Laptop Desktop Monitor Second Monitor
 Tablet/iPad Cell Phone None/Using existing shared equipment

Does the employee need a phone number? Yes No

Software/Licensing Needs: ArcGIS AutoCad MCTracker VPN

Additional Requests:

Such as access to printers, plotters, network drives, shared email accounts, etc.

