

Computer Account/Access Registration Form

This form must be completed for any user requiring an access change to any LM computer system. This form provides access authorization to multi-user systems, access groups, proprietary applications, and restricted subdirectories. Complete the form, with the required management and/or system owner authorization signature(s), and forward to the Legacy Management Help Desk. You will be notified when the form has been processed and the changes have been made. This form may be faxed to the Legacy Management Help Desk at **(304) 225-8310** or e-mailed as an attachment to **helpdesk@LM.doe.gov**. For any questions, call the Legacy Management Help Desk at **(866) 720-9824**.

Add Account
 Delete Account
 Modify Account
 Effective Date: _____
 Employee Last Name _____ First Name _____ Middle Initial _____
(Supply the name as it should appear in the e-mail directory (e.g., Chris Smith versus Christina Smith))
 LM Phone Number _____ Fax Number _____ Alternate Phone Number _____
 Site Name or Location _____
 Address _____

DOE-LM Organization _____
(e.g., LM-10.2)
 DOE-EM

OR

Contractor Employer _____
 Functional Group _____
 Role:
 Admin Support
 Finance

 IT Development
 Project Control

 Real Property
 Records

 Other _____

Requester Name _____
 Requester Phone Number _____
 Requester E-mail Address _____

<p>General Access</p> <p> <input type="checkbox"/> Permanent <input type="checkbox"/> Intermittent <input type="checkbox"/> Temporary – End Date _____ <input type="checkbox"/> LM E-mail Account </p>	<p>This selection will provide access to the following basic computer services: Training, Local Area Network (LAN) account, and basic nonrestricted LM Portal services.</p>
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Additional Access	For Internal Use Only Date Completed	Project Community Sites Access <small>Requires LM Solutions involvement and/or DOE-LM Site Leadership approval</small>		For Internal Use Only Date Completed
<input type="checkbox"/> Entrust		<input type="checkbox"/> LM Portal Access <input type="checkbox"/> Ashtabula <input type="checkbox"/> Columbus <input type="checkbox"/> EMG <input type="checkbox"/> Fernald <input type="checkbox"/> FUSRAP <input type="checkbox"/> Mound <input type="checkbox"/> Pinellas <input type="checkbox"/> Rocky Flats <input type="checkbox"/> LMS Task Orders <input type="checkbox"/> Other: _____		
<input type="checkbox"/> PMRS – requires DOE-LM Finance Manager approval				
<input type="checkbox"/> RSA Secure ID Token – requires LM Cyber Security Manager approval				
<input type="checkbox"/> Work Force Information System (WFIS) – requires HQ/DOE-LM Business Management approval and an additional form				
<input type="checkbox"/> Serena Team Track – requires LM Enterprise Systems Manager approval		<input type="checkbox"/> Hummingbird Access <input type="checkbox"/> Ashtabula <input type="checkbox"/> Columbus <input type="checkbox"/> Fernald <input type="checkbox"/> LM Records <input type="checkbox"/> Mound <input type="checkbox"/> Rocky Flats		
<input type="checkbox"/> Numara Track-It – requires LM Help Desk Manager approval				
<input type="checkbox"/> File Share/Folder Access Provide specific file share/ folder path in the Special Requirements/Access Location Description box below				
<input type="checkbox"/> Phoenix (Fernald) <input type="checkbox"/> Condor (GJ/Pinellas) <input type="checkbox"/> Cardinal (Morgantown) <input type="checkbox"/> Mallard (Mound) <input type="checkbox"/> Robin (Rocky Flats) <input type="checkbox"/> Sparrow (Weldon Spring)				

Special Requirements / Access Location Description

Supervisory Approval Signature/Title _____