



GOVERNMENT OF GUAM
OFFICE OF TECHNOLOGY
Active Directory Request Form

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GOVERNOR

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LIEUTENANT GOVERNOR

USER ACCOUNT REQUEST FORM

Account Type: New Reset Password Modify Disable

Account Requested: Username: _____

Employee Name: _____

First Last (No Middle Names or Initials Please)

Modification Information

Position/Title: _____ Work Phone/Ext: _____

Division: _____ Bureau or Section: _____

Any additional information:

Supervisor Name/Title: _____

WARNING:

Accounts are to be used for Government purposes only, and will not be shared or transferred. Accounts may be used for personal enrichment; however, not for business profit. Misuse of this account will be cause for disciplinary actions. Additionally, all accounts are subject to audits. Upon resignation, reassignment, or retirement from the Government of Guam, I am fully aware that this account will be terminated. **Effective 01/01/2015.**

Employee Signature & Date: _____

Supervisor Signature & Date: _____

DPHSS/DOA IT Signature & Date: _____

DO NOT WRITE BELOW. SYSTEMS AND PROGRAMMING GROUP USE ONLY.

User / Email Account: _____ Initial PWD: _____

Established By: _____ Date: _____

Date of Notification: _____