NC DIT | NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

EIPT ONLY Service Request

Date:

Requested Due Date:

NC Department of Information Technology Service Delivery
PO Box 17209; Raleigh, North Carolina 27619-7209
DIT Home Page Web Address:https://it.nc.gov
DIT Service Desk:(919)-754-6000;1-800-722-3946

Upload this completed form to the DIT Service Now Portal:
https://ncgov.service-now.com/sp_dit

***Sign into the Service Now Portal using NCID credentials & attach this form to your request.

Service Request Number (DIT USE ONLY):

Information requested below is REQUIRED in order to expedite processing.	
Requestor Name (mandatory):	Requestor Telephone Number (mandatory):
Requestor E-mail (mandatory):	Requestor Alternate Telephone Number:
Requested For (if different than above):	Telephone Number:

16 digit Department Code for Bill To Telephone Number(mandatory):	Bill To Telephone Number (mandatory):	Floor (location):	Room (location):
Federal ID:	Agency/Organization	Division:	
Street Address: (Work Location):	City/Town:	Zip Code:	County:

Add	Change
Phone Type: Avaya	Name Change: ☐ Old Name:
Model Number:	New Name:
Assign Telephone #: ☐Yes ☐No	Employee Separation: ☐Yes ☐No Phone:
Use Existing/Vacant #: ☐Yes ☐No	Name:
	Remove Station ☐Yes ☐No Make Vacant: ☐Yes ☐No
Add-on Module Required?	Remove Agent ☐Yes ☐No Make Vacant: ☐Yes ☐No
	Remove Supervisor ☐Yes ☐No Make Vacant ☐Yes ☐No
Configure phone after existing employee?	**Move**
	Physical Move: ☐Yes ☐No
Voicemail needed? ☐Yes ☐No	Old Location:
Voicemail zero out extension:	New Location:
EC500: ☐Yes ☐No	Department Move: ☐ Yes ☐No
Cell Phone Number:	Old 16-digit bill code:
International Long Distance ☐Yes ☐No	New 16-digit bill code:

Contact Center Services	
Agent (CCAGT): ☐Yes ☐No	Agent and CMS Supervisor (CCAGTSUPV): ☐Yes ☐No
Skills Needed:	CMS Supervisor Only (CCSUPV) ☐Yes ☐No
Add/Remove from Agent group:	Supervisor Name:
	Supervisor Phone:
	Skills:
EMC (CCEMCAGT): ☐Yes ☐ No	Windows Login ID:
TelStrat (Call Recording) ☐Yes ☐ No	NCID for TelStrat:
Email for TelStrat:	Agent Name for TelStrat:
Agent ID for TelStrat:	Agent Phone # for TelStrat:

Describe the Service Request. Include attachment if necessary. Use only 1 installation site address per form.

Budget Officer's Signature (mandatory):	SOF ☐	Telephone:	Date:

July 2019