

EIPT ONLY Service Request

Date:

NC Department of Information Technology
 Service Delivery
 DIT Home Page Web Address: <https://it.nc.gov/>
 DIT Service Desk:(919)-754-6000 or 800-722-3946

Upload this completed form to the DIT Service Now Portal:
https://ncgov.servicenowservices.com/sp_dit
 ***Sign into the Service Now Portal using NCID credentials & attach this form to your request.

Requested Due Date:
 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: () -

25 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: <input type="checkbox"/>	Old Name:
Model Number:		New Name:	
One-X Agent (SIPVOIP1XAGT): <input type="checkbox"/> Yes <input type="checkbox"/> No		Employee Separation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: () -
Assign Telephone #: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:	
Use Existing/Vacant #: <input type="checkbox"/> Yes <input type="checkbox"/> No		Remove Station <input type="checkbox"/> Yes <input type="checkbox"/> No	Make Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No
() -		Remove One-X Agent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Add-on Module Required?		Remove Agent <input type="checkbox"/> Yes <input type="checkbox"/> No	Make Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Remove Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Make Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Configure phone after existing employee?		Move	
		Physical Move: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Voicemail needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Old Location:	
Voicemail zero out extension:		New Location:	
EC500: <input type="checkbox"/> Yes <input type="checkbox"/> No		Department Move: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone Number: () -		Old 16-digit bill code:	
International Long Distance <input type="checkbox"/> Yes <input type="checkbox"/> No		New 16-digit bill code:	

Contact Center Services

Agent (CCAGT): <input type="checkbox"/> Yes <input type="checkbox"/> No	Agent and CMS Supervisor (CCAGTSUPV): <input type="checkbox"/> Yes <input type="checkbox"/> No
Skills Needed:	CMS Supervisor Only (CCSUPV): <input type="checkbox"/> Yes <input type="checkbox"/> No
Add/Remove from Agent group:	Supervisor Name:
	Supervisor Phone: () -
	Skills:

EMC (CEMCAGT): <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Login ID:
TelStrat (Call Recording) <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	Telephone: () -	Date:
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