



Office of Information Technology Services ServiceNow KARS New User Request Form

Requestor Information

Requestor: Phone #:

Agency Name: Agency Billing #:

Effective Date:

**** Please submit request 5 business days (or as close to that as possible) prior to the effective date to ensure that this account will be ready by the effective date.**

User Information

First Name: Middle Initial: Last Name:

Prefers to go by: Position Title:

Phone #: Email Address:

Agency Name: Agency Acronym:

Employee #:

Service Now Role:

IT Project Manager

KITO

Approver

Signatures

Requesting Authority/Division Director: Date:

Please provide signature or type in the name and send from requesting authority's email box.

KITO Office Authorizing Approver: Date:

Send completed and authorized request to: KITO@ks.gov

Space for Additional Information