

## NEW EMPLOYEE DATA FORM

*I. To be completed by Supervisor and/or Employee. Forward to Facility Manager.*

Employee: _____	Title: _____
Start Date: _____	Est. End Date: _____
Supervisor: _____	Status: Maryland NIST Other; Specify _____
NMR User:           Y           N	
Room#: _____	
<u>Primary Vehicle:</u>	
Car Make/Model: _____	Color: _____
License Plate#: _____	
<u>Secondary Vehicle:</u>	
Car Make/Model: _____	Color: _____
License Plate#: _____	

*II. To be completed by Facility Manager. Forward to IT Office.*

Phone#: _____	
Security Card#: _____	Keys: _____
<u>Primary Vehicle:</u>	
Parking Permit#: _____	
<u>Secondary Vehicle:</u>	
Parking Permit#: _____	

*III. To be completed by IT Office. Forward to Receptionist.*

Email Address: _____
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*IV. To be retained by Receptionist for mailbox assignment.*