



DEPARTMENT OWNED MOBILE DEVICE REQUEST AND AGREEMENT
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 LEGAL ADVISORY UNIT
 SFN 1970 (7-2022)

All use of mobile devices is governed by Chapter 14 *Acceptable Use of Information Technology (IT) Resources* of the Department's Human Resource Policy Manual. This form applies to Department owned mobile devices. Each Department owned device requires a separate form.

EMPLOYEE INFORMATION		
Employee Name (First, Last, Middle Initial)		
Position	Division/Facility	
Email Address	Office Telephone Number	

REQUEST FOR DEPARTMENT DEVICE		
<i>Complete this section if you are requesting a Department device.</i>		
Are you requesting a new Department device, replacement device, or registering a previously issued Department device?		
<input type="checkbox"/> New Device <input type="checkbox"/> Replacement Device <input type="checkbox"/> Registering Issued Device:		
Provide Serial Number	Provide Cellular Number	
Type of Device	Hotspot	Mobile Device Accessories
<input type="checkbox"/> iPhone <input type="checkbox"/> iPad <input type="checkbox"/> MiFi Verizon	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Case <input type="checkbox"/> Charging Device <input type="checkbox"/> Screen Protector
Will the Department device be shared by two or more employees (i.e, assigned to a specific location or group)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate the location/unit/group name:		

JUSTIFICATION
My job responsibilities require me to (check all that apply):
<input type="checkbox"/> Have constant access to data sources, network resources, or other systems to conduct official Department business when I am routinely out of the office (e.g. telecommuting, attending meetings, serving clients, traveling, etc.). <input type="checkbox"/> Provide technical assistance to Department employees and be immediately available to receive their requests. <input type="checkbox"/> Engage in extended communications or monitor projects to support Department activities beyond the standard workday or workplace. <input type="checkbox"/> Have a back-up communication resource to use in the event of network disruptions that could negatively impact operations. <input type="checkbox"/> Other (specify): _____

EMPLOYEE CERTIFICATION	
I certify that I have read, understand and agree to comply with Chapter 14 <i>Acceptable Use of Information Technology (IT) Resources</i> of the Department's Human Resource Policy Manual.	
Employee Signature	Date

SUPERVISOR DECISION/CERTIFICATION		
Request for Department Device <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Was this Department device previously assigned to another employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes:		
Name	Position	Cellular Number
I certify that I have reviewed Chapter 14 <i>Acceptable Use of Information Technology (IT) Resources</i> of the Department's Human Resource Policy Manual with the employee and that the employee understands the requirements and agrees to adhere to them.		
Supervisor Signature		Date

FISCAL DIVISION BUDGET ANALYSIS	
NDIT Charge Code	Customer Number
Fiscal Signature	Date

DIVISION APPROVAL	
Request for Department Device <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Division Director Signature	Date

DEPARTMENT DEVICE INFORMATION (EMPLOYEE)	
<i>This section to be completed by employee after the division approval and the ServiceNow request for a new Department device is submitted and the mobile device is received.</i>	
Serial Number	Cellular Number (if known)

DEPARTMENT DEVICE INFORMATION (NDIT)		
<i>This section to be completed by NDIT after the request for a Department device is approved.</i>		
Serial Number (if necessary)	Cellular Number (if necessary)	Mobile Device Accessories Provided <input type="checkbox"/> Case <input type="checkbox"/> Charging Device <input type="checkbox"/> Screen Protector

REPLACEMENT DEVICE INFORMATION (EMPLOYEE)	
<i>This section to be completed by employee after the division approval and the ServiceNow request for a replacement Department device is submitted and the replacement mobile device is received.</i>	
Serial Number	Cellular Number (if known)
Previous Mobile Device Serial Number (if known)	

REPLACEMENT DEPARTMENT DEVICE INFORMATION (NDIT)	
<i>This section to be completed by NDIT after the request for a replacement Department device is approved.</i>	
Serial Number (if necessary)	Cellular Number (if necessary)
Previous Mobile Device Serial Number (if necessary)	Mobile Device Accessories Provided <input type="checkbox"/> Case <input type="checkbox"/> Charging Device <input type="checkbox"/> Screen Protector