



DEPARTMENT OWNED MOBILE DEVICE REQUEST AND AGREEMENT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEGAL DIVISION
SFN 1970 (3-2024)

All use of mobile devices is governed by Chapter 16 *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.

TEAM MEMBER INFORMATION		
Team Member Name (Last, First, 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:	
Provide Serial Number of Current Device	Provide Cellular Number of Current Device
Type of Current Device <input type="checkbox"/> Android <input type="checkbox"/> iPhone <input type="checkbox"/> iPad <input type="checkbox"/> MiFi Verizon	
<input type="checkbox"/> Registering Issued Device:	
Provide Serial Number	Provide Cellular Number
Type of Current Device <input type="checkbox"/> Android <input type="checkbox"/> iPhone <input type="checkbox"/> iPad <input type="checkbox"/> MiFi Verizon	

NEW DEVICE/ISSUED REPLACEMENT DEVICE		
Type of Device <input type="checkbox"/> iPhone <input type="checkbox"/> iPad <input type="checkbox"/> MiFi Verizon	Hotspot <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Device Accessories <input type="checkbox"/> Case <input type="checkbox"/> Charging Device <input type="checkbox"/> Screen Protector
Will the Department device be shared by two or more team members (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 team members 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): _____

TEAM MEMBER CERTIFICATION	
I certify that I have read, understand and agree to comply with Chapter 16 <i>Acceptable Use of Information Technology (IT) Resources</i> of the Department's Human Resource Policy Manual.	
Team Member 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 team member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes:		
Name	Position	Cellular Number
I certify that I have reviewed Chapter 16 <i>Acceptable Use of Information Technology (IT) Resources</i> of the Department's Human Resource Policy Manual with the team member and that the team member understands the requirements and agrees to adhere to them.		
Supervisor Signature		Date

FINANCE DIVISION BUDGET ANALYSIS	
NDIT Charge Code	Customer Number
Finance Signature	Date

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