



PERSONALLY OWNED MOBILE DEVICE REQUEST AND AGREEMENT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEGAL DIVISION
SFN 1971 (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 covers personally owned mobile devices approved by the Department to access Microsoft Office 365 (Outlook, SharePoint and Teams). Each personally owned mobile 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 USE OF PERSONAL DEVICE

Type of Device
☐ Smart Phone ☐ iPad ☐ Other (specify): _____

DEVICE INFORMATION

| | | |
|---------------|-----------------|-------|
| Manufacturer | Make | Model |
| Serial Number | Cellular Number | |

REPLACEMENT DEVICE INFORMATION

Complete this section only if the above device is replacing an existing approved device.

| | | |
|---------------|-----------------|-------|
| Manufacturer | Make | Model |
| Serial Number | Cellular Number | |

JUSTIFICATION

My job responsibilities require me to (check all that apply):

- ☐ 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.).
- ☐ Provide technical assistance to Department team members and be immediately available to receive their requests.
- ☐ Engage in extended communications or monitor projects to support Department activities beyond the standard workday or workplace.
- ☐ Have a back-up communication resource to use in the event of network disruptions that could negatively impact operations.
- ☐ Other (specify): _____

EMPLOYEE CERTIFICATION

I certify that I have read, understand and agree to comply with Chapter 16 *Acceptable Use of Information Technology (IT) Resources* of the Department's Human Resource Policy Manual.

| | |
|-----------------------|------|
| Team Member Signature | Date |
|-----------------------|------|

| SUPERVISOR DECISION/CERTIFICATION | |
|--|------|
| Request for Use of Personal Device <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| 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 |

| TEAM MEMBER INTUNE ENROLLMENT ACKNOWLEDGMENT | |
|--|------|
| I acknowledge that I enrolled my mobile device with Intune Company Portal. | |
| Team Member Signature | Date |