



PERSONALLY OWNED MOBILE DEVICE REQUEST AND AGREEMENT
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LEGAL ADVISORY UNIT
SFN 1971 (6-2022)

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 covers personally owned mobile devices approved by the Department to access Microsoft Office 365 (Outlook and Teams). Each personally owned mobile device requires a separate form.

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

REQUEST FOR USE OF PERSONAL DEVICE
Type of Device <input type="checkbox"/> Smart Phone <input type="checkbox"/> iPad <input type="checkbox"/> Other (specify): _____

DEVICE INFORMATION		
Manufacturer	Make	Model
Serial Number	Cellular Number	

REPLACEMENT DEVICE INFORMATION		
<i>Complete this section only if the above device is replacing an existing approved device.</i>		
Manufacturer	Make	Model
Serial Number	Cellular Number	

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 Use of Personal Device

Approved Denied

I certify that I have reviewed Chapter 14 *Acceptable Use of Information Technology (IT) Resources* 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

EMPLOYEE INTUNE ENROLLMENT ACKNOWLEDGMENT

I acknowledge that I enrolled my mobile device with Intune Company Portal.

Employee Signature

Date