

IT Purchasing and Contracts and RFP Review Policy and this form are located at [HHS Policies \(sharepoint.com\)](#).

Requestor Information

Date	Name
Phone Number	Facility/Bureau/Office/Division

Central Office Approvals

Printed Name	Signature	Title	Date Approved

Please check all that apply:

- New equipment/software
- Replacement equipment/software
- Upgrade to existing system
- Hardware maintenance / software license renewal
- Laptop (if matrix on page 2 indicates a business need)
- Privacy screen for laptop **IF** employee accesses confidential information off-site
- Mobile device – smart phone or tablet with an approved operating system (if matrix on page 3 indicates a business need) **Include the signed Mobile Device Agreement on page 4.**

Quantity and description of requested items (please, no acronyms):	
Website for requested item (if further information is needed about item):	
Describe the business need this purchase will fulfill. (Attach additional information if needed.)	
Total Cost of Request	Funding Information
Additional approvals required before purchase (DOM, TAC, Director’s office, etc.):	

DoIT Approval By	Date Approved
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Laptop Decision Matrix

Use this matrix as part of new employee onboarding or the review process to determine if an employee needs a laptop or a desktop computer to perform their job duties.

In the first table, enter an “X” in the appropriate column for **each** of the job duties listed.

Do the job duties require the employee to:	Yes, frequently	Yes, but only on occasion	No
Work in a location other than the employee’s regular DHS office location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide on-call coverage outside of normal business hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work requires frequent travel to other locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have ongoing need to take their computer to meeting locations on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of equipment needed as determined by:	Employee needs a laptop	Employee needs a desktop computer
At least one X in the “Yes, frequently” column	<input type="checkbox"/>	<input type="checkbox"/>
At least one X in the “Yes, but only on occasion” column AND No Xs in the “Yes, frequently” column AND A laptop is available to check out for the occasional need	<input type="checkbox"/>	<input type="checkbox"/>
Xs only in the “No” column	<input type="checkbox"/>	<input type="checkbox"/>
Job duties require the employee to conduct training and/or give presentations	<input type="checkbox"/>	<input type="checkbox"/>

Mobile Device Decision Matrix

Use this matrix as part of new employee onboarding or the review process to determine if an employee needs a mobile device to perform their job duties.

Issuance of a mobile device to access HHS email is needed when other methods of accessing the email system are inadequate for the employee's assigned work.

In the first table:

- Enter an "X" in the "Yes" column for all applicable job duties listed.
- If you enter an "X" in the "Yes" column for any of the job duties listed, answer the question with "Yes" or "No."

Do the job duties require the employee to do one of the following <u>AND</u> during such time, is timely processing of emails critical to work responsibilities?	Yes
Work off-site?	<input type="checkbox"/>
Provide on-call coverage outside of normal business hours?	<input type="checkbox"/>
Travel frequently to other locations?	<input type="checkbox"/>
Question: If you answered "Yes" to any of the above, does the employee have access to a laptop for email processing? (Yes or No)	

Is there a business need for a mobile device?	Yes	No
An X in the "Yes" column of at least one of the job duties listed AND Yes to the question	<input type="checkbox"/>	<input type="checkbox"/>
An X in the "Yes" column of at least one of the job duties listed AND No to the question	<input type="checkbox"/>	<input type="checkbox"/>
There is no X in the "Yes" column of any of the job duties listed	<input type="checkbox"/>	<input type="checkbox"/>

Mobile Device Agreement

I, _____, understand during the time period I am issued a HHS-owned mobile device, I agree to the conditions set forth in the *Acceptable Use Policy*. I understand the mobile device is connected to the HHS Network and, therefore, may contain confidential information to which all HHS confidentiality requirements apply. I understand the mobile device can only be used for business purposes and if it is lost or stolen, I agree to report this to my supervisor immediately.

I acknowledge I have received a copy of the *Acceptable Use Policy* and have read and understand it. I acknowledge I have had an opportunity to ask my supervisor questions. I understand failure to abide by these policies and procedures may result in discipline.

Employee Signature	Date
Employee Work Location	

Employee's Immediate Supervisor Signature	Date
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