IT New User Hardware Request Form

Employee Information					
Job Request Number:		Date Subm	itted:	Start Date:	
Requester Name:			Department:		
New User Name:			Department:		
Position/Title:		Office/Cube Number:			
	omputer (deskto	• •		-	
Keyboard:	☐ Standard	☐ Ergonomic		Other:	
Mouse:	☐ Standard	☐ Trackball		Other:	
RAM:	☐ 256 MB	☐ 512 MB	□ 1 GB	Other:	
Monitor:	☐ CRT ☐ 17"	☐ LCD ☐ 19"	□ 21"	Other: Other:	
CD-ROM:	☐ Standard	☐ Writable		Other:	
DVD:	☐ Standard	☐ Writable		Other:	
Speakers:	☐ Standard			Other:	
Laptop Computer					
Docking Station: ☐ (Complete the following information only if a docking station is required.)					
Keyboard:	☐ Standard	☐ Ergonomic	on only if a door	Other:	
Mouse:	☐ Standard	☐ Trackball		Other:	
RAM:	☐ 256 MB	☐ 512 MB	□ 1 GB	Other:	
Monitor:			<u> </u>	Other:	
Wioriitor.	☐ 17"	☐ 19"	□ 21"	Other:	
CD-ROM:	☐ Standard	☐ Writable		Other:	
DVD:	☐ Standard	☐ Writable		Other:	
Speakers:	☐ Standard			Other:	
Telecommu	nications				
Telephone:	☐ Standard	☐ Advanced	Other:		
Headset:	☐ Standard	☐ Cordless	Other:		
Authorization					
Manager:	,,,,			Date:	
J					
Communications (to be completed by Information Technology Services)					
Data:	☐ Installed	☐ Activated	Jack No	umber:	
Voice:	☐ Installed	☐ Activated	Extensi	on:	

Please return this form to: Information Technology Services