

# Appendix A – Network Access Request Form

## Employee or Contractor Request for Network Access

EMPLOYEE/CONTRACTOR INFORMATION	
<input type="checkbox"/> New Employee <input type="checkbox"/> New Contractor <input type="checkbox"/> Existing User <span style="float: right;">Today's Date:</span>	
<input type="checkbox"/> Temporary	
First Name:	Last Name: <span style="float: right;">*ID:</span>
Position:	Department: Supervisor:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Start date or Requested due date: Temporary or Contractor end date, if known:
SECURITY & EMAIL	
New Account: <input type="checkbox"/> Network Account <input type="checkbox"/> Email <input type="checkbox"/> Security/Email similar to what existing user:	
<input type="checkbox"/> Include in which E-mail Group(s): <span style="float: right;"><input type="checkbox"/> Remove from which E-mail Group(s):</span>	
<input type="checkbox"/> Include in which Security Group(s): <span style="float: right;"><input type="checkbox"/> Remove from which Security Group(s):</span>	
<input type="checkbox"/> Permit access to the following network location(s):	
Drive	Path Access: <input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
Drive	Path Access: <input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
Drive	Path Access: <input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Miscellaneous Needs (Enter any other requests):	
HARDWARE & SOFTWARE	
Hardware:	
<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Either Laptop or Desktop	
<input type="checkbox"/> Screen protector <input type="checkbox"/> Laptop bag <input type="checkbox"/> Cable lock	
<input type="checkbox"/> Multifunction printer <input type="checkbox"/> Netgear Router <input type="checkbox"/> Numeric keypad	
<input type="checkbox"/> Standard inkjet printer <input type="checkbox"/> Dual monitors <input type="checkbox"/> Docking station	
<input type="checkbox"/> iPhone <input type="checkbox"/> iPad <input type="checkbox"/> Windows Mobile Device	
Software:	
<input type="checkbox"/> Adobe Acrobat (full version) <input type="checkbox"/> Email Encryption	
<input type="checkbox"/> Microsoft Office Professional 2003 <input type="checkbox"/> Microsoft Office Professional 2007	
<input type="checkbox"/> MS Project 2007 <input type="checkbox"/> MS Visio 2007 <input type="checkbox"/> MS OneNote 2007	
<input type="checkbox"/> Fax Server - Specify level of access:	
<input type="checkbox"/> Miscellaneous Needs (Enter any other requests):	
TELEPHONY	
Telephone:	
<input type="checkbox"/> Desk Phone <input type="checkbox"/> Softphone (IP Communicator)	
<input type="checkbox"/> Desk phone currently exist at location. Current extension is:	
Accessories:	
<input type="checkbox"/> Wireless headset <input type="checkbox"/> Wired headset	

**CELL PHONE / AIR CARD**☐ Cell phone ☐ Air Card

## Accessories:

☐ Cell Phone Case/Holder ☐ Car Charger☐ Miscellaneous Needs *(Enter any other requests):***BUILDING ACCESS**

Access Requested for the following location(s):

☐ Medical Records Room ☐ Server Room  
☐ Lobby ☐ Other, *Specify:*

Additional Access Restriction:

☐ After-Hours Access, *Specify Hours:*

Other Restrictions (be specific):

**SPECIAL INSTRUCTIONS**

## Manager Checklist/Reminder:

- Signature below can be of the Department Head or the Data Owner if new network access is requested.
- Ensure employee badge is requested
- Schedule new employee orientation, if applicable
- Ensure name appears on any appropriate sign-in/out sheets
- Remember to have all new employees/contractors read and sign appropriate forms,

Request appropriate training/background:

- o HR Background Investigation
- o Security Training

Any additional training and/or background check

o

NAME	SIGNATURE	DATE
Department Head (Print Name)		
CST team / Appropriate Authority		

## Appendix B – Asset Undertaking Form

## Laptop/ Desktop Acceptance Form

I understand that all laptops/ desktops, equipment's, and/or accessories provided to me are the property of the DMI. I agree to all of the terms in Laptop/ Desktop Policy. I will return the equipment to the Technical Support in the same condition in which it was provided to me.

I understand that I am personally responsible for any damage to or loss of any laptop, desktop and/or related equipment and accessories. In case of damage or loss, I will replace or pay the full cost of replacement of the damaged or lost equipment with equipment of equal value and functionality subject to the approval of the Technical Department.

I will not install any additional software or change the configuration of the equipment in any way without prior consultation with Technical Support.

I will not allow any other individuals to use the laptop, desktop and/or related equipment and accessories that have been provided to me.

I understand that a violation of the terms and conditions set out in the policy will result in the restriction and/or termination of my use of the Company's laptop, desktop equipment, and/or accessories and may result in further disciplinary action.

Asset Type\_\_Desktop/Laptop\_\_\_\_\_

Asset Service tag No/Model\_\_\_\_\_

DMI Mouse Tag\_\_\_\_\_

DMI Asset Tag No \_\_\_\_\_

DMI Key Board Tag No \_\_\_\_\_

DMI Monitor Tag No \_\_\_\_\_

### Power Supply & Cord

Laptop Bag Yes ☐ No ☐

Data Card Yes          No         

Name of the Employee \_\_\_\_\_

Deployed By \_\_\_\_\_

Department Name

Date \_\_\_\_\_

Signature\_\_\_\_\_

Comments: (overall condition, scratched, dented, bent, missing keys, missing parts)

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## Appendix C – Approved Software

The following list has been approved for use by the Practice. All software must be installed and maintained by the appropriate Practice personnel.

[illegible]