

Computer Equipment Request Form

Please complete form and return to: IT Department at the Corporate Office Clinic Name: itsupport@encorerehab.com Clinic #: 251 Johnston St SE 400 Clinic Phone #: Decatur, AL 35601 Therapist's Name: 256-580-3170 **New Computer Request** Is this computer for a new employee? Yes or No If so, is this person replacing an employee? Yes or No Does the existing employee already have a computer? Yes *If you answered Yes to all three questions above, a new computer may not be needed* If this is a new employee what is their start date? Will this position require a: Desktop Laptop or Will this computer need Microsoft Office? Yes or No Comments:(reason for new computer if not a new employee) **Computer Equipment Request** What type of equipment is needed? (Ex: mouse, keyboard, credit card swiper, etc.) The section below will be filled out by the IT Department