



MOBILE DEVICE REQUEST AND AGREEMENT
(DEPARTMENT-OWNED AND PERSONALLY-OWNED MOBILE DEVICES)
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LEGAL ADVISORY UNIT
SFN 1970 (6-2020)

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 both Department-owned mobile devices and personally-owned mobile devices with mobile device management solution installed. Each device requires a separate form.

This form does not need to be completed if staff are using a personally-owned mobile device to only access, transmit, or receive emails with Office 365 with NDIT's multi-factor authentication methods.

EMPLOYEE INFORMATION		
Name		
Position	Division/Facility	
Email Address	Office Telephone Number	

REQUEST FOR USE OF PERSONAL DEVICE
<i>Complete this section if you are requesting permission to use a personally-owned device.</i>
Type of Device <input type="checkbox"/> Cell Phone <input type="checkbox"/> Smart Phone <input type="checkbox"/> iPad <input type="checkbox"/> Other (specify): _____
Department Wi-Fi Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No

Device Information			
Manufacturer	Make	Model	Version
Serial Number		Cellular Number	
Wireless Carrier		Operating System and Version	
IMEI/MEID Number	Wi-Fi MAC Address (if Department Wi-Fi is requested)		

Replacement Device Information: *Complete this section only if the above device is replacing an existing approved device.*

Manufacturer	Make	Model	Version
Serial Number		Cellular Number	
Wireless Carrier		Operating System and Version	
IMEI/MEID Number	Wi-Fi MAC Address (if Department Wi-Fi is requested)		

REQUEST FOR DEPARTMENT DEVICE
<i>Complete this section if you are requesting a Department device.</i>
Type of Device <input type="checkbox"/> Cell Phone <input type="checkbox"/> Smart Phone <input type="checkbox"/> iPad <input type="checkbox"/> Other (specify): _____
Department Wi-Fi Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No

Department Device Information

This section to be completed by NDIT after the request for Department device is approved.

Manufacturer	Make	Model	Version
Serial Number		Cellular Number	
Wireless Carrier		Operating System and Version	
IMEI/MEID Number	Wi-Fi MAC Address (if Department Wi-Fi is requested)		

Replacement Device Information:

This section to be completed by NDIT only if the above device is replacing an existing approved Department device.

Manufacturer	Make	Model	Version
Serial Number		Cellular Number	
Wireless Carrier		Operating System and Version	
IMEI/MEID Number	Wi-Fi MAC Address (if Department Wi-Fi is requested)		

JUSTIFICATION

My job responsibilities require me to (check all that apply):

- ☐ 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.).
- ☐ Provide technical assistance to Department employees and be immediately available to receive their requests.
- ☐ Engage in extended communications or monitor projects to support Department activities beyond the standard workday or workplace.
- ☐ Have a back-up communication resource to use in the event of network disruptions that could negatively impact operations.
- ☐ Other (specify): _____

EMPLOYEE CERTIFICATION

I certify that I have read, understand and agree to comply with Chapter 14 *Acceptable Use of Information Technology (IT) Resources* of the Department's Human Resource Policy Manual.

Signature	Date
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SUPERVISOR DECISION/CERTIFICATION

Request for Use of Personal Device

☐ Approved ☐ Denied

Request for Department Device

☐ Approved ☐ Denied

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 employee understands the requirements and agrees to adhere to them.

Signature	Date
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DIVISION APPROVAL

Request for Use of Personal Device

☐ Approved ☐ Denied

Request for Department Device

☐ Approved ☐ Denied

Signature	Date
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