PDA Request Form:

Employee Name: _____

Department / Division: _____

Justification for PDA:

Supervisor Signature: _____   Approved: Yes ☐   No ☐
Date of Approval:_____
Comments:

Executive Director Signature:_____   Approved: Yes ☐   No ☐
Date of Approval:_____
Comments:

IT Approval: _____   Approved: Yes ☐   No ☐
Date of Approval:_____

PDA Policy Signed: Yes ☐   No ☐
IT Training Attended: Yes ☐   No ☐   Date of Training:_____