

### ***Laptop Request Form***

Employee Name: \_\_\_\_\_

Department / Division: \_\_\_\_\_

Justification for Laptop:

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: \_\_\_\_\_

Laptop Policy Signed:

Yes  No

Attended IT Training

Yes  No

Date: \_\_\_\_\_