



Please check for the newest form at **ODOC LINKS/FORMS** on your desktop.

Please return this form to the Service Desk: DOC.ServiceDesk@doc.state.or.us

User Information

User Name: _____ Work Phone: _____
Division/Unit: _____ Location: _____

Request options (check all that apply):

Service Options	User Options	Device Options
New Line of Service	User Name/Info/Location Update	Device Replace²
Cancel Service	Change to Different User	Device Lost/Stolen³
Billing Information Change	This is a Check-out Device¹	Device Upgrade
Create Page Contact	This is an Emergency Device	Device Return

¹Please contact DLVoipAdmin@doc.state.or.us for instructions for Check Out Smart Phones

³Device Lost/Stolen: Date reported to DL ITS Security _____ Attach copy of e-mail to this form

Device Information

Current Information (if phone being transferred)

Mobile Device#: _____

User Name: _____

Work Location: _____

Device Type: _____

iPhone Color: _____

Hotspot in Use?: Yes No

New Information/New Service

User Name: _____

Work Location: _____

Device Model: _____

Add Hotspot⁴: _____

⁴Hot spot incurs \$5/month

NOTE:

For accessories, please use the request form located on ODOC Links on your desktop

Delivery Information

Oregon Dept. of Corrections

Ship to ATTN: _____

Address: _____

City, State, ZIP: _____

Notes: ²Describe reason for replacement or other info

Business Need for Device:

On-Call Status Travel Critical Response Productivity Emergency Other (Specify)

Approval & Cost Center

Program Manager Signature:

Print/Type Name: _____

Signature: _____

Date: _____

Cost Center _____

PLEASE NOTE: Request will not be processed without completed and signed agreement and statement of responsibility form.

Device Agreement and Statement of Responsibility Form

Guidelines:

- State issued devices should be used for state business, emergency situations, or to notify family members of a late arrival home due to work reasons.
- Wireless service bills will be reviewed by managers, DOC Information Technology Services (ITS), and auditors.
- Employees who are found to be abusing device privileges may be subject to disciplinary action. Abuse includes -but is not limited to- installation of unauthorized iPhone apps for personal use such as social media, messaging, entertainment, video and audio streaming or banking. ***If disciplinary action is taken, all non-DOC information (notes, personal e-mails, etc.) located on the device can be subject to investigation.***
- International calling/text plans or international travel plans are NOT included in DOC default user plans and may result in costly overages or data blocking. Please contact the DOC Helpdesk ***in advance*** of international travel or international calling/text messaging needs.
- Upon receipt of your cell phone, set up voice mail with name of user, and office location. On shared phones, set up voice mail with office location and land-line contact phone number.
- Secure your state issued cell phone/Data Device while you are not using it.
- Report all lost or stolen devices immediately to your manager and then DOC ITS via the Help Desk to be wiped, if able, and to suspend service. Also notify [ITS Security](#) via e-mail within one business day, or sooner if possible. This report shall include when the phone was last seen and any other relevant information, including police report, date/time manager notified, etc.
- While operating a vehicle, state issued devices should be used in accordance with national and state laws.
- Users should not forward state issued devices to their personal phone numbers and personal phone numbers should not be forwarded to state issued devices.
- Update to new iOS versions according to instructions sent out via e-mail when they're approved. Failure to update iOS when prompted by ITS may result in account suspension
- Any changes to device user duty station, functional unit, location or personnel must be submitted to ITS using this form.

By signing the agreement, I acknowledge that I have read and understand the DOC Telecommunications Policy 10.1.2 (http://www.oregon.gov/doc/OC/docs/rules_policies/10.1.2.pdf) and the above listed guidelines.

Employee Signature

Date

Print Name

Division & Section