

**Computer and Phone Equipment Request
CENTRAL STATE HOSPITAL**

Name	_____	Date	_____
E-mail	_____	Building	_____
Title	_____	Room #	_____
Phone #	_____	Fax #	_____
Supervisor	_____	Department	_____
Department Budget Code	_____		

Below are computer-related requests:

- | | | |
|---|---|--|
| 1 <input type="checkbox"/> New Groupwise & Novell Account | 9 <input type="checkbox"/> New CPU | Replacement ? If so complete #15 information section. New location = scrap |
| 2 <input type="checkbox"/> New VPN access account | 10 <input type="checkbox"/> New Monitor | Replacement ? If so complete #15 information section. New location = scrap |
| 3 <input type="checkbox"/> Revise Existing Account or Phonebook | 11 <input type="checkbox"/> New Laptop | Replacement ? If so complete #15 information section. New location = scrap |
| 4 <input type="checkbox"/> Terminate/Disable User Account | 12 <input type="checkbox"/> New Network Printer | Replacement ? If so complete #15 information section. New location = scrap |
| 5 <input type="checkbox"/> Avatar DSS | 13 <input type="checkbox"/> Map User to Network Printer (for multiple people, fill out Mapping Multiple Users form) | |
| 6 <input type="checkbox"/> Network Drive Access | 14 <input type="checkbox"/> Install Local Printer/Peripheral Device Tag# | |
| 7 <input type="checkbox"/> Install Parts | 15 <input type="checkbox"/> Move Equipment | |
| 8 <input type="checkbox"/> Install Software | 16 <input type="checkbox"/> Dispose of existing CPU, etc. | Complete #15 information section. New location = scrap |

See below for further information requested. Match the selection number above with the number in the following list.

- | | |
|--|-------|
| 1 Similar User's Account set up to copy Supervisor's E-mail (Password & ID notification sent here) | _____ |
| 2 Similar User's Account set up to copy Green Asset Tag # on PC | _____ |
| 3 User Account
Explain desired change(s) | _____ |
| 4 Username and ID | _____ |
| 5 Green Asset Tag # on PC
Office Room Number
Username | _____ |

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6 Drive Letter/Folder or File Name _____

7 Part Name _____
Green Asset Tag # on Device _____
Office location and Room # _____
Contact Phone/E-mail _____

8 Do you have the software on hand? _____
Name of software _____
Green Asset Tag # on PC _____
Office location and Room # _____
Username _____
Details _____

12 Black & White or Color _____
LAN Drop in Place and Active? _____

13 Green Asset Tag # on PC _____
Office location and Room # _____
Username _____
Phone # _____
Green Asset Tag # on Printer _____
Office location and Room # of Printer _____

14 Green Asset Tag # on PC _____
Office location and # _____
Username _____
Phone # _____
Green Asset Tag # on Printer/Device _____
Office location and Room # of Printer _____

15 Current Location (Building, Floor, Room) _____
Equipment Type _____
EDP# _____
CSH# _____
Green Tag # _____
Serial # _____
New Location (Building, Floor, Room) _____
Primary User _____

All information provided above should be sent to the Customer Service Delivery Team

E-mail: WPPatter@dbhdd.ga.gov or TBAskew@dbhdd.ga.gov Fax: 445-0926 Powell 325 or 321 C

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All information provided below should be sent to Materials Management.
E-mail: Prelefor@dbhdd.ga.gov Fax: 445-5217 Lawrence 186-E

Below are telephone and LAN-related requests:

- | | |
|---|--|
| 1 <input type="checkbox"/> Install New Phone Line and Conduit | 6 <input type="checkbox"/> Re-activate Existing LAN Drop |
| 2 <input type="checkbox"/> Re-activate Existing Phone Line | 7 <input type="checkbox"/> Move LAN Drop |
| 3 <input type="checkbox"/> Move Existing Phone Number (S) | 8 <input type="checkbox"/> De-activate LAN Drop |
| 4 <input type="checkbox"/> De-activate Phone Number | 9 <input type="checkbox"/> Add voicemail |
| 5 <input type="checkbox"/> Install New LAN Drop and Conduit | 10 <input type="checkbox"/> Delete voicemail |

See below for further information requested. Match the selection number above with the number in the following list.

All Location(s) (Building, Floor, Room) _____
 Contact Number _____

If there is no existing conduit in place, enter an MP2 request with Plant Operations to request install of conduit for the wiring.

- | | |
|---|-------|
| 1 Install New Phone Line and Conduit/Quantity? | _____ |
| 2 Activate Existing Phone Line/Quantity? | _____ |
| 3 Move Existing Phone Number(s) | _____ |
| 4 De-activate Phone Number(s)
Standard or P-Phone(s)? | _____ |
| 5 Install New LAN Drop and Conduit/Quantity?
Copier? | _____ |
| 6 Activate Existing LAN Drop/Quantity?
Copier? | _____ |
| 7 Move Existing LAN Drop(s)
Copier? | _____ |
| 8 De-activate LAN Drop(s)
Copier? | _____ |
| 9 Phone number with voicemail | _____ |
| 10 Phone number with voicemail | _____ |

Below are IKON Network Copier/Scanner/Printer-related requests:

- | | |
|--|-------|
| Existing LAN jack to plug into?/If No complete | |
| 1 section 3 above | _____ |
| 2 above | _____ |
| 3 How many staff need to be able to scan? | _____ |
| 4 IKON Locator Tag #? | _____ |

Name of Staff to Scan to	Location (Building, Floor, Room)	Telephone # of User

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I have reviewed the CSH computer policy (1.13). I understand that my User ID and password are my responsibility and are not to be shared.

Requested by: _____ Date: _____

I have reviewed the telephone policy. I understand that my User ID and password are my responsibility and are not to be shared.

Requested by: _____ Date: _____

I have reviewed the anticipated cost, (Call 6851 for a quote or see price list available from Materials Management.) and by adding my name below/sending this form via e-mail, I agree to have these charges applied to the SDO budget.

SDO Approval: _____ Date: _____