

Form

<i>Document Name:</i>	IT, Tools, Equipment & Uniform Request Form
<i>Date:</i>	August 2019
<i>Endorsed By:</i>	Directors
<i>Form Code:</i>	FORM003

01. EMPLOYEE DETAILS

Role:	
Name of Employee:	
Employee ID:	
Name of Direct Manager:	
Department (Cost Centre):	
Email Address:	
Date Item Required by:	
Reason for Request: [Lost, Stolen or New]	

02. NEW ITEM REQUEST PROCESS

All RJA employees requiring new IT hardware, equipment to perform their work, tools or uniforms, must complete the following form and submit to the Executive Assistant for processing.

The form must be signed by the employee's direct manager for authorization prior to submitting for processing.

03. NEW IT HARDWARE REQUIREMENTS

DESKTOP COMPUTER:

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> RAM | <input type="checkbox"/> CD-ROM |
| <input type="checkbox"/> Monitor | <input type="checkbox"/> Keyboard |
| <input type="checkbox"/> Mouse | <input type="checkbox"/> Speakers |

LAPTOP COMPUTER:

- | | |
|--|---|
| <input type="checkbox"/> Docking Station | <input type="checkbox"/> Keyboard |
| <input type="checkbox"/> Mouse | <input type="checkbox"/> RAM |
| <input type="checkbox"/> Monitor | <input type="checkbox"/> CD-ROM |
| <input type="checkbox"/> Speakers | <input type="checkbox"/> Laptop Charger |

PHONE:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Mobile Phone | <input type="checkbox"/> Mobile Phone Charger |
| <input type="checkbox"/> Earphones | <input type="checkbox"/> Office Phone |
| <input type="checkbox"/> Headset | |

ADDITIONAL REQUIREMENTS:

- Details below

Please be specific

04. NEW EQUIPMENT REQUIREMENTS

PLEASE SELECT:

Motor Vehicle

Fuel Card

Other:

OTHER:

Please specify

05. NEW TOOLS REQUIREMENTS

PLEASE SPECIFY:

Include all details such as make, model, supplier and price.

01. NEW UNIFORM REQUIREMENTS

PLEASE SPECIFY:

Include all details such as gender, item, colour and size.

02. AUTHORISATION

Please sign and date below:

Employee

___/___/___
Date

Manager

___/___/___
Date

Finance Director

___/___/___
Date

Note: once approved please send request to the Executive Assistant with the Finance Director on copy.

Related Resources, Tools and Links

- PROC007 – IT Support Process

Contact & Further Information

For further assistance please contact your direct manager.

Form Owner

Directors – RJA

Note: This information forms a contract agreement between you and RJA. It summarises the expectation of employee confidentiality in accordance with applicable legislation. This information may be varied from time to time.