

## Justification for Acquisition and Use of Mobile Device Request

The purpose of this form is to request a Government mobile device (cell phone or tablet). **Please email the completed form to DCRI Store Sales (CC-DCRIStoreSales@mail.nih.gov).**

### USER INFORMATION

Name: \_\_\_\_\_ Position Title & Grade: \_\_\_\_\_  
Bldg./Room #: \_\_\_\_\_ Department/Branch or Section: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_

### DEVICE INFORMATION

<input type="checkbox"/> New Device	<input type="checkbox"/> Upgrade <input type="checkbox"/> Replacement <input type="checkbox"/> Transfer: From: _____ To: _____		
	Device Decal# _____ Device Phone#: _____ Use Existing Phone#: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<table border="1"><tr><td>I am requesting approval for a: <input type="checkbox"/> Smartphone (Specify make, model): _____ <input type="checkbox"/> Tablet (Specify size, make, model): _____</td><td>Time frame for anticipated use: <input type="checkbox"/> Indefinite <input type="checkbox"/> Intermittent project work <input type="checkbox"/> Other (specify): _____ Cellular Provider: <input type="checkbox"/> Verizon <input type="checkbox"/> AT&amp;T</td></tr></table>		I am requesting approval for a: <input type="checkbox"/> Smartphone (Specify make, model): _____ <input type="checkbox"/> Tablet (Specify size, make, model): _____	Time frame for anticipated use: <input type="checkbox"/> Indefinite <input type="checkbox"/> Intermittent project work <input type="checkbox"/> Other (specify): _____ Cellular Provider: <input type="checkbox"/> Verizon <input type="checkbox"/> AT&T
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**USER JUSTIFICATION:** My job responsibilities require me to (check all that apply):

- ☐ Have constant access to data sources, network resources and/or other systems to conduct official Government business when I am routinely out of the office (e.g. telecommuting, attending meetings, serving customers and patients, traveling, etc.)
- ☐ Provide technical assistance to customers and be immediately available to receive their requests
- ☐ Engage in extended communications and/or monitor projects to support the mission-related activities beyond the standard work day/work place
- ☐ Have a back-up communication resource to use in the event of network disruptions that could negatively impact operations
- ☐ Have access to vital and frequently automated information when there is no other immediate means to do so
- ☐ Other (please specify): \_\_\_\_\_

### SIGNATURES

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Officer

\_\_\_\_\_  
Date



## DECISION

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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Comments:

\_\_\_\_\_  
Deputy Chief Information Officer

\_\_\_\_\_  
Date

### Employee Mobile Device Agreement

Agreement:

- I will complete the Information Security Awareness Course on an annual basis. The Security Awareness Training website is at <http://irtsectraining.nih.gov>.
- I will use my Mobile Device for business purposes and in accordance with the Limited Authorized Personal Use of NIH Information Technology (IT) Resources Policy (<http://www3.od.nih.gov/oma/manualchapters/management/2806/>). I understand the DCRI AO officer will review my monthly bills and verify all calls were made in accordance with guidelines set out in this and other NIH policies regarding personal use of authorized IT services. I understand that I am responsible for reimbursing the Government for unauthorized use and/or unauthorized charges.
- I will set up the 'owner information' screen that includes employee's name, department, telephone number, building and room number on the device so it can be returned if found.
- I will password-protect the device using a password of at least six characters.
- I will not modify, "jailbreak" or "root" the mobile device to circumvent the manufacturer's operating system security features.
- I will immediately report the damage, loss or theft of my device to appropriate authorities as outlined in the CC Lost/Stolen Device Policy.
- I will avoid using the mobile device to send non-encrypted sensitive data (e.g., patient data, research data, security information, personnel information or other information covered under HHS National Standards to Protect the Privacy of Personal Health Information) or data that, if disclosed or improperly used, could adversely affect NIH's ability to accomplish its mission.
- I will not make international calls using my mobile device unless prior approval has been granted by my supervisor.
- I am responsible for returning the mobile device when it is no longer required to carry out departmental work assignments. I will be required to reimburse the Clinical Center for the purchase of the device(s) if it is not returned at the end of the required work assignment, or when I am transferred or terminated from government service.
- I understand that violating these procedures could result in loss of associated privileges, I may be held financially liable for any costs associated with improper use, and/or may result in disciplinary action.

**Employee Certification:** I certify that I have read, understand and agree to the terms above and that agree to adhere to them.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Desk Phone Number

\_\_\_\_\_  
ID Badge #

\_\_\_\_\_  
Cell Phone Number



**Supervisor Certification:** I certify that I have reviewed the mobile device policy with the employee and that he/she understands the requirements and agrees to adhere to them.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Desk Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## New NIH Mobile Device User Form

This form is needed when the requested user is a new FTE or contractor or a user that has never had a GFE Mobile Device

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Email: \_\_\_\_\_ HHS ID\*: \_\_\_\_\_

Work/Desk Phone: \_\_\_\_\_

Address: \_\_\_\_\_

New/Existing IC: \_\_\_\_\_ Old IC: \_\_\_\_\_

Preferred Contact Name: \_\_\_\_\_ SAC Code: \_\_\_\_\_