

Office Printer Request Form

The purpose of this form is to request a standard office printer provided by the DCRI Store. **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:

Current printer location (Applicable):

PRINTER INFORMATION (complete the justification area below if the printer will not be used by 3 or more users)

| Request Workgroup Printer | Request Single Office Printer | Replacement |
|--|--|-------------|
| Medium Volume B & W Laser Duplex Printer | If Replacement please provide Decal Number: | |
| High Volume B & W Laser Duplex Printer | | |
| Medium Volume Color Laser Duplex | | |
| High Volume Color Laser Duplex | | |
| MFP Duplex Copier, scanner, fax, and printer | | |

JUSTIFICATION: I am submitting this request because my job responsibilities require me to (check all that apply):

Print sensitive, PII, or PHI documents on a regular basis documents should not be seen by all users

Print documents related to the supervision or counseling of staff

Based on my location there are no other printers within a reasonable walking distance

Reasonable Accommodation based on a documented request

Telework (Off-site or home use):

Please enter a strong justification below including what kind of data will be printed and how PII will be protected.

Note: Paper and toner replacements will not be supplied.

SIGNATURES

Signature

Date:

Immediate Supervisor

Date

Department Head

Date:

DECISION

| | |
|----------|-------------|
| Approved | Disapproved |
|----------|-------------|

Comments:

Chief Information Officer

Date