



## RECEIPT OF MOBILE/PORTABLE DEVICE

State Form 55953 (R2/12-19)

Indiana State Department of Health

**Directions:** Use blue or black ink to complete steps **1**, **2**, and **3**. Then answer questions in step **4** of agreement and sign your name. Next, return this form to ISDH Security Manager to complete step **5**. Once step **5** is completed, this form will be forwarded to Administrative services to process your request. The timeline on completion of a mobile device is typically four (4) to five (5) business days after the form is received. This can vary depending on when the device was ordered. Time will be scheduled for the individual/field staff to come and set-up and receive device. This is viewed on a case-by-case basis.

**1** Print the required information of the individual who will be receiving the device below.

End-User Information	
Name:	
E-mail Address:	
Contact Number:	
Program Area:	
Supervisor/Manager:	

**2** Obtain the signature of your program area's director.

Director Approval	
By signing below, I hereby grant permission to the aforementioned staff member to obtain a state-issued device to conduct state business.	
Director Signature:	Date (mm/dd/yy):

**3** Confirmation of assignment – Please indicate which device you are requesting.

Device Type:	Mobile Phone <input type="checkbox"/>	Apple iPad <input type="checkbox"/> (Cellular Service)	Mi-Fi <input type="checkbox"/>	USB Drive <input type="checkbox"/>	Other <input type="checkbox"/>

**STOP** Please read, initial, and sign agreement in Step 4 on page 2. **STOP**

**Return this form ISDH Security Manager in the Office of Technology and Compliance**

**4** Confirmation of mobile device agreement.

### Release of Terms and Conditions

By accepting this agreement, I understand this is considered an Information Resource as explained in the Information Resources Use of Agreement (IRUA) agreement (<http://www.in.gov/iot/irua.htm>). This is provided to me by the Indiana State Department of Health, and it is monitored by Indiana Office of Technology.

**4** Confirmation of mobile device agreement. *Continued from Page 1.*

**Release of Terms and Conditions**

By initialing each statement, I agree to be in full compliance with the following:

- ☐ I understand the device is to be used for the business of state government.
- ☐ If the wireless device is lost or stolen, I will immediately inform my supervisor, ISDH Security Manager and ISDH Telecommunications Manager in writing. I also understand a police report may be required to be filled.
- ☐ If my device is not functioning properly, I understand that I must notify my supervisor and ISDH Telecommunications Manager in writing.
- ☐ I must immediately return my device(s) if my employment at the Indiana State Department of Health should end, **and/or** upon the request of my supervisor.
- ☐ I will not attempt to jailbreak, uninstall any pre-configured applications and/or circumvent any security features on my issued device(s).
- ☐ I will not create an Apple ID or utilize iTunes on my state issued device.
- ☐ I will utilize a passcode as well as a TouchID to secure the device.
- ☐ I will not install any unauthorized applications not found within the Apps@Work application.
- ☐ I understand that my device can be audited by IOT, and wiped at any time of any material.
- ☐ I understand violating the terms listed here may result in discipline and/or termination.

By signing below, I agree to the terms and conditions listed above.

**Signature of Agreement**

Signature of Staff:		Date (mm/dd/yy):	
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**5** Obtain approval of the ISDH Security Manager or designee.

**Security Manager Approval**

Reviewed On: (mm/dd/yy)		Reviewed By:		<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Comments:					

**For Internal Use Only – Administrative Services**

ISSUED BY:		Date (mm/dd/yy):	
Device Make and Model:			
Serial Number / ESN:			
Mobile Number:		Issued On (mm/dd/yy):	

**Confirm Receipt of Device**

Staff Initials	By Initialing, I confirm I received this device.	Date (mm/dd/yy):	
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