

Connecticut Department of Children and Families
MOBILE DEVICES (LAPTOP / TABLET / CELLULAR DEVICE)

DCF-2115
 12/19 (Rev.)



I formally acknowledge receipt of a laptop computer or tablet with model and serial number listed below. Upon request or termination of employment with DCF, I will return this laptop computer or tablet and carrying case along with all included accessories (ie., optical mouse, power supply, power cord and carrying case and if supplied, bio-flash drive).

I understand that this laptop or tablet is to be used in accordance with all DCF policies (see DCF Policy manual at <https://portal.ct.gov/DCF/Policy/Legal/V12>) and the policy of the CT Office of Policy and Management "Security for Mobile Computing and Storage Devices". (See <https://portal.ct.gov/OPM/Root/Policies/Policy-on-Security-for-Mobile-Computing-and-Storage-Devices>.) (Specific policies to be reviewed: DCF2-4, DCF 2-4A, DCF 6-2, DCF 2-3-1 (pg 6&7), OPM "Acceptable Use of State Systems Policy" (dated May 2006), OPM "Disposal of Digital Media" (dated February 2016), OPM "Policy on Security for Mobile Computing and Storage Devices" (updated September 2007), and OPM "Network Security Policy and Procedures".)

Should this laptop/tablet become lost or stolen, please follow the procedures set forth in DCF policy 2-4 A, "Loss Reporting action Steps".

EMPLOYEE CONTACT INFORMATION

Employee Name (Printed):		Employee ID#:	Employee Phone
Employee Work Location / Site		Floor/Room #:	Employee E-mail:
Employee Supervisor Name:			Supervisor Phone:

INVENTORY

<input type="checkbox"/> INVENTORY ISSUED		<input type="checkbox"/> INVENTORY RETURNED		
		<input type="checkbox"/> Returned to inventory, in good condition	<input type="checkbox"/> Scrapped / Damaged	
<input type="checkbox"/> Laptop	<input type="checkbox"/> Tablet	<input type="checkbox"/> Cellular Device	<input type="checkbox"/> Bitlocker	<input type="checkbox"/> Docking Station
<input type="checkbox"/> Battery	<input type="checkbox"/> Mouse	<input type="checkbox"/> Headset	<input type="checkbox"/> Carrying Case	<input type="checkbox"/> Power Cord
<input type="checkbox"/> VPN	<input type="checkbox"/> Pen	<input type="checkbox"/> Splitter	<input type="checkbox"/> Laptop/Tablet Loaner	
<input type="checkbox"/> Other:				
<input type="checkbox"/> Laptop / <input type="checkbox"/> Tablet / <input type="checkbox"/> Cell Make/Model:		<input type="checkbox"/> Laptop / <input type="checkbox"/> Tablet / <input type="checkbox"/> Cell Serial #:		<input type="checkbox"/> Laptop / <input type="checkbox"/> Tablet / <input type="checkbox"/> Cell Asset Tag #:
Cell Phone # (if applicable):		IMEI # (if applicable):		ICCID # (if applicable):

SIGNATURES NEEDED WHEN INVENTORY IS ISSUED

Employee Signature (When Inventory is ISSUED):	Date:
Help Desk Signature (When Inventory is ISSUED):	Date:

SIGNATURES NEEDED WHEN INVENTORY IS RETURNED

Employee Signature (When Inventory is RETURNED):	Date:
Help Desk Signature (When Inventory is RETURNED):	Date:
Fiscal Signature (When Inventory is RETURNED):	Date: