

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 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