Justification for Acquisition and Use of an Office Printer
Request Form

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 (HP M507DN) ☐ High Volume B&W Laser Duplex Printer (HP M608DN) ☐ Medium Volume Color Laser Duplex (HP M451DN) ☐ High Volume Color Laser Duplex (HP M751DN) ☐ MFP B&W Duplex Copier, scanner, fax, and printer (HP M227DN) ☐ MFP Color Duplex Copier, scanner, fax, and printer (M281FDW)	If Replacement please provide Decal Number:_____ CAN_____

Note:
Replacement Black and White Printers that have reached useful life and are not cost effective to repair are replaced at no charge. New printers or replacement color printers are charged to the department CAN. Please see your AO for the DCRI Order Form to attach to the request.

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
☐ Other: (Please enter reason below):

SIGNATURES

_____ _____
Signature Date:

_____ _____
Immediate Supervisor Date

_____ _____
Department Head Date:

DECISION

☐ Approved	☐ Disapproved

Comments:

_____ _____
Deputy Chief Information Officer Date