



STEPHANIE RAWLINGS-BLAKE
MAYOR

DEPARTMENT OF PUBLIC WORKS
DIRECTOR'S OFFICE COMPUTER CENTER

BALTIMORE CITY



DEPARTMENT OF PUBLIC WORKS
RUDOLPH S. CHOW, P. E.
DIRECTOR

Communications Equipment Request & Justification Form

Agency:

Bureau/ Division:

Address:

User's Name & Title:

Phone Number: Charge Budget Account #

Requesting:

Digital Pager _____ Cellular Phone _____ Blackberry _____ Air Card _____

IPHONE: _____ IPAD: _____

1. Has request for a pager/cellular phone for this job position ever been denied?

Yes _____ If yes, when _____ No _____

2. Request for: Permanent Assignment _____ Temporary Assignment _____

If temporary, indicate dates requested: From _____ To _____

3. Describe use for the equipment requested.

4. Check the current communication equipment authorized to proposed user.

Two-way Hand-Held Radio _____ Two-Way Mobile Radio _____

Cellular Telephone _____ Tone Pager _____ Landline _____

4a) If any item is checked, state why requested equipment is necessary?

5. During the previous six months, provide work examples and dates in which the requested equipment would have improved the outcomes, i.e. improved response time, etc...(attach additional sheets if necessary).

6. How were you contacted in the work examples stated in #5?

7. During the normal work week, what percentage of your time is spent:

At locations where: Phones available? _____ Phones not available? _____

In a vehicle: With a radio? _____ Without a radio? _____

8. What percentage of time is spent responding to emergencies?

During Normal Work Week? _Varies_____ OFF-Duty? __Varies_____

9. If the request is for a pager, will it be shared with other users?

Yes _____ No _____

If yes, indicate by name and title:

All users must accept responsibility for proper care & use of equipment

10. How will the pager be used by others?

As Duty Officer? _____ Back-Up only when on leave? _____

Other (Explain)

If Blackberry or iPhone:

Please describe why you require email delivered by Blackberry/iphone.

How many emails do you receive on average per day? _____ How often are you out of the office? _____%
In meetings or in the field?

What is your emergency response requirement? _____ What is your status : essential or non-essential
(please circle one).

I understand that, if approved, I will accept responsibility for proper care and use of subject equipment in accordance with established city policy governing same (see Electronic Communication Device Distribution and Receipt).

Signature of User: _____
(Required)

Date: _____

I approve this request:

Signature of
Area Manager/**Supervisor:** _____
(Required)

Date: _____

Signature of
Agency **Fiscal Officer:** _____
(Required)

Date: _____

Signature of IT Services: _____
(Required)

Date: _____

All Requests for mobile devices must be approved by the Department\Bureau Head:

Approved: _____ Date: _____
Signature, Department/Bureau Head

All Requests for iPads must be approved by the Director:

Approved: _____ Date: _____
Signature, Director

Return to: DPW IT –
5TH FLOOR 200 N. Holliday Street
Baltimore, MD 21202