

# STAFF LEASED LAPTOP REQUEST/ JUSTIFICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_ EKU Employee ID Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

College or Department: \_\_\_\_\_

Does your job require you to travel? yes \_\_\_\_\_ no \_\_\_\_\_

Does your job require you to access work-related information from off campus? yes \_\_\_\_\_ no \_\_\_\_\_

How frequently do you travel for the university? (select one) **daily weekly monthly occasionally never**

During a typical work week, what percentage of your work week is spent out of your office or primary work location? (*One day is 20%*) \_\_\_\_\_

Do you make presentations outside your immediate work area? yes \_\_\_\_\_ no \_\_\_\_\_

Do you currently have a staff laptop? yes \_\_\_\_\_ (serial #: \_\_\_\_\_) no \_\_\_\_\_

## Justification Summary

Please describe your specific needs which require the portability of a laptop. This description will be read carefully. Please give as much detail as possible.

Form must be completed for all employees, eligible for leased computers, requesting laptops instead of desktops. Department Chair/Director and Vice President/Provost approval is required for all positions below an Assistant Director level.

***Completing this form does not guarantee that an employee will receive a laptop.***

## JUSTIFICATION APPROVAL SIGNATURES

Department Chair/Director \_\_\_\_\_ Date \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Vice President/Provost \_\_\_\_\_ Date \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

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