eHealth Saskatchewan

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All new emplo	Email t yees must also com	t o: servicedes plete the eHe	7-0600) if you are un k@ehealthsask.ca ealth Saskatchewan Forms/SecurityQuest	Security Que	estions Form.
Type of Hardware Reque	st (check one):	New			Replacement
Services Required For	:				
Name:			_ Working Title:		
Department:			_ Telephone:		
Facility:			_ Email Address:		
City/ Town:			_ Date Required:		(DD-MMM-YYYY)
Requesting Manager:			Co	st Center:	(22
Hardware Request (cho	ose all that apply):				
	mouse and keyboard)		Mouse		
Monitor	2 Monitors		Keyboard		
VDI Device			Webcam		
Laptop			Desktop Speaker	S	
Laptop Case			Wireless Headset	I	
Docking Station			Wired Headset		
Is there an existing De	esk Phone				
No, please prov	ide desk phone				
Yes, there is a p	hone				
- All non-standard hard - Mobile Device reques				rdware Reque	est Form
Comments or Special	Requests:				
Account Authorizatio	on:				
Name (Please Print)	<u> </u>	ignature		Date	(DD-MMM-YYYY)