

ATHABASCA HEALTH AUTHORITY STANDARD HARDWARE REQUEST FORM

Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below.

Email to: servicedesk@ehealthsask.ca

All new employees must also complete the eHealth Saskatchewan Security Questions Form. https://www.ehealthsask.ca/forms/Forms/SecurityQuestionsForm.pdf

Type of Hardware Request (check one):	New			Replacement
Services Required For:				
Name:	Wo	orking Title:		
Department:	Te	lephone:		
Facility:	En	nail Address:		
City/ Town:	Da	te Required:	(1	DD-MMM-YYYY)
Requesting Manager:				
Hardware Request (choose all that appl	y):			
Desktop (includes mouse and keybo	pard) k	Keyboard		
Monitor 2 Monit	ors V	Vebcam		
Laptop	[Desktop Speakers		
Docking Station	V	Vireless Headset		
Mouse	V	Vired Headset		
Is there an existing Desk Phone				
No, please provide desk phon	e			
Yes, there is a phone				
Comments or Special Requests:				
Account Authorization:				
Name (Please Print)	Signature	_	Date	(DD-MMM-YYYY)