

St. Joseph's Health Telework Program IT Request Form and Checklist

Employee Name:		Employee ID number:		
Employee Address	Street	City, State and Zip Code		
Home Space Telephone N		<i>"</i>		
Cell Phone Number:		(used for emergent contact) only one emergent number is required		
Manager Name:		Department: Cost Center:		

I acknowledge and agree that the provided teleworking equipment is the sole and exclusive property of St. Joseph's Health. I will not move St. Joseph's Health equipment from the designated work area, except as may be necessary to transport the equipment back to St. Joseph's Health. The use of the equipment and software when provided by St. Joseph's Health is limited to myself, the authorized teleworker and is to be used only for the purpose relating to my telework.

I shall be liable for the condition of the equipment (except normal wear and tear), and for damage from pets, children, fire, liquid, etc.)

		k One	IT Comment or
Home Equipment Requirements	Yes	No	Product Number
Do you have a SJH Issued Laptop?			
Do you have home wireless internet?			
Can you confirm the Brand/Model of home wireless router?			
Is the SJH equipment setup in a secure location at home?			
When not using the equipment will it be secured in the Home?			
Do you have a SJH issued Cell Phone?			
Do you have a 2-Factor access token (2FA)/(DUO)?			
Do you have sufficient lighting in the work space?			
Do you have a dedicated work area for the laptop at home?			
Do you have a surge protector to power the Laptop?			
Have you tested connecting to SJH network via VPN Client Software?			
Have you confirmed that you can access all software required on VPN?			

I certify that I have received the following equipment and have read the telework policy and manual

Type of Equipment:

St. Joseph's Laptop

St. Joseph's Cell Phone

Employee's Signature

Date

IT Representative's Signature

Date