admin
THE SOUTH CAROLINA DEPARTMENT of ADMINISTRATION

Managed Workstation Request

IT-3000F
(Rev. 1/2017)

Instructions: Complete all required fields *(as indicated by *)*. Submit completed form to the Department of Administration's Service Desk at servicedesk@admin.sc.gov. Incomplete or unclear forms may cause delay in completing request.

Customer must ensure the following:

- Request is submitted at least **five (5) business days** prior to **Need by Date**
- A functioning and supported workstation is made available to the endpoint support team
- All software requirements are included with the submittion of request

Agency Information*

Agency / Division *		Date * 11/06/2018
Requestor Name *	Requestor Phone *	Requestor Email *

Deployment Location*

Last Name	First Name	MI	Phone
Office Location	Room / Office #	Need by Date* 11/16/2018	

Workstation Type *(Inventory contact must verify availability of workstation)*

Device Type	Monitor
☐ Desktop ☐ Laptop ☐ Tablet ☐ VDI ☐ Other	☐ Single ☐ Dual ☐ Other

Software Installation

All workstations will be imaged using a base image prior to deployment or reassignment. The base image includes windows operating system, productivity tools, anti-virus, disk encryption, internet browser, patch management, and security response utilities. Installation of customer managed applications may be requested which may cause delay in the deployment schedule. **Technicians will assist with the installation of customer owned applications; however the customer is solely responsible for coordinating and managing application configuration and support with third party application providers, if necessary.**

☐	Adobe Acrobat*	☐		☐	
☐	Microsoft Visio*	☐		☐	
☐	Microsoft Project*	☐		☐	

*Agency is responsible for purchasing, inventorying and the maintaining of software keys for agency licensed software.

Inventory Contact and Asset Information *(Provide if available at time of request)*

Inventory Contact	Phone	Email
Make *(if available)*	Model *(if available)*	Asset # / Serial Number *(if available)*

Additional Information

Requestor: _____ _____ _____
Signature *Print Name* *Date*

IT Director / Liaison: _____ _____ _____
Signature *Print Name* *Date*

Print Save Reset