|  |  |  |  |
| --- | --- | --- | --- |
| **FROM Current Owner Name:** |  | **TO New Owner** **Name:** |       |
| **NEW Employee Number:**  |  | **NEW USER Job Title/ Department:** |       |
| **NEW USER HSE Billing Address & Eircode:** |  | **NEW USER HSE Email Address:** |            |
| **NEW USER Alternative Telephone Number:**  |  | **New User Domain Username &****Domain:** |            |
| **NEW USER DETAILS : PLEASE TICK AS APPROPRIATE** |
| * Current Owner email address:
* New User Department:HSE Cost Code:
* Alternative number for new user:
* Does the user have the reallocated handset: Y/N:
* New User Name:
* New User email address:      New User postal address:
* Re Allocation HSE mobile phone number:
* IMEI Number of the Smartphone:
* Make/model of device:
 |
| **USER DECLARATION**  |
| I have read and understood the Health Service Executive’s policies governing the use of its I.T. resources and I agree to be bound by the terms therein. I understand that I maybe subject to the HSE’s disciplinary procedures should I fail to comply with these policies Please copy link below into your web browser https://www.hse.ie/eng/services/publications/pp/ict/i-t-acceptable-use-policy.pdf Employee Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **LINE MANAGER APPROVAL**  |
| Line Manager Name:       Line Manager Email Address:       Line Manager Contact Telephone Number:      Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **GENERAL MANAGER APPROVAL**  |
| General Manager Name:       General Manager Email Address:       General Manager Contact Telephone Number:       General Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |