

School of Public Health – Office of Research

Remote Work Equipment Request

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Equipment Requested	_____ Wi-Fi bundle (cord, MiFi, case, and plug-in)
	_____ Windows Surface (Conference Room use ONLY)

Date requested: \_\_\_\_\_ Expected Return date: \_\_\_\_\_

Brief Project Description:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE OF RESEARCH USE ONLY**

Name of staff reviewing request: \_\_\_\_\_ Equipment available: \_\_\_\_\_

Approval date: \_\_\_\_\_ Return date: \_\_\_\_\_

Signature: \_\_\_\_\_