



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

California State Office
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Sacramento, California 95825

www.ca.blm.gov



December 5, 2001

In Reply Refer To:

1280 (N)
CA-945

EMS TRANSMISSION: 12/5/01
Information Bulletin No. **CA-2002-013**

To: CA Employees of Local 951

From: DSD, Support Services

Subject: Implementation of Employee Software/Hardware Request Form

In response to ULP SF-CA-01-0495, the agency and the union have developed a form in which bargaining unit members may use to request software and/or hardware. This optional form is to be filled out by the employee and given to his/her supervisor. In turn, the supervisor will either concur or non-concur with the request. If the supervisor concurs, then he/she will contact IRM to receive an approval or a denial of the employee's hardware/software request. If IRM denies the request, a justification for the denial will be placed on the request form and signed by the IRM representative. If the request is approved by an IRM representative, then the item(s) may be purchased.

The document will be kept on file by the supervisor for a period of one year from receipt.

Signed by:
Lavonia Silva
Acting DSD, Support Services

Authenticated by:
Richard A. Erickson
Records Management

Attachment:
Employee Software/Hardware Request Form (1pg)

Employee Software/Hardware Request

Date Submitted to Supervisor _____

Requestor Information

Requesters Name	Office/ Phone Numbeerr
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List Software/Hardware Request Information (use back if necessary)

User Information

Number of Employees to Use Product	Division/Section/Branch	Date Needed	
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Explain why this product is needed for the job and how productivity will be affected without this product

Supervisor Information

Supervisor Name	Supervisor (Circle One) Concur Not Concur	Supervisor Signature	Date
Date Returned to Employee	Other Comments		

IRM Information

APPROVAL/DENIAL INFORMATION

Date Received by IRM	Date Approved/Denied	What was ordered	If order was substituted, state what was ordered
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Date Notified Supervisor or Acting _____

Justification for Denial

Upon Denial: Signature of IRM Representative

NOTE : THIS DOCUMENT MUST BE KEPT ON FILE FOR A PERIOD OF ONE YEAR FROM RECEIPT