

U.S. Fish & Wildlife Service**Request to Relocate Desktop Reprographic Equipment
(Including Facsimile Machines)**

1. From (name of person requiring desktop reprographic equipment):	2. Through (name of approving supervisor):	3. To (name of Assistant Regional Director or Deputy Assistant Director):
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4. Type of desktop reprographic equipment to be relocated (please select):

5. For a facsimile machine, please specify the phone number associated with the equipment:	6. If applicable, please specify the port number associated with the equipment:
7. Current location of equipment (please specify FBMS cost structure, address and room/workstation number): FBMS Cost Structure Name of Facility Street/P.O. Box City, State, Zip	8. Proposed new location of equipment (please specify FBMS cost structure, address and room/workstation number): FBMS Cost Structure Name of Facility Street/P.O. Box City, State, Zip

9. Justification for relocating equipment (please select):

- Employee works in an office with three or fewer employees
 Employee works in an office without a network attached printer
 Employee has an approved reasonable accommodation
 Employee regularly prints highly sensitive information *and* is not able to use the "secure print" feature offered by network printers
 Employee serves in one of the following capacities:
 Other justification, as described below:

10. Contact Name:	11. Title:	12. Telephone Number:
13. Signature		14. Date

APPROVAL

- 15.
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- Request Approved
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- Request Approved except as noted
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- Request Disapproved

Regional Office Approval

16. Signature: Assistant Regional Director	17. Date
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Headquarters Approval

18. Signature: Deputy Assistant Director	19. Date
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