

**Information Technology Supporting Documentation
 Commonwealth of Pennsylvania
 Governor's Office of Administration/Office for Information Technology**

Document Number:	OPD*-NET010B	
Document Title:	Satellite Communication Device Justification and Acknowledgement Form	
Issued by:	Deputy Secretary for Information Technology	
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Domain:	Network	
Discipline:	Network Services	
Technology Area:	Voice	
Referenced by:	ITB-NET010	

ALLOCATION JUSTIFICATION

As agency head, deputy secretary, or equivalent for

_____ (Agency Name)

I am authorizing the allocation of a Commonwealth-owned satellite communication device for the following reason(s):

_____The duties of the position are such that immediate emergency response is critical to the successful performance of those duties (e.g., police officer, fire or emergency responder).

_____The duties of the position require response and decision making to life- threatening or other public safety issues and situations.

For (Employee)_____

Signature: _____ Date: _____
 (Agency Head, Deputy Secretary or Equivalent)

Approved by: Office of Administration/Office for Information Technology (OA/OIT)

Signature: _____ Date: _____

EMPLOYEE ACKNOWLEDGMENT

I have read and understand the Satellite Technology Policy and the applicable subscription plan. I will adhere to the established policy and abide by the terms of the subscription plan.

* Predefined supplemental document type codes are listed below:

APP = Appendix **BPD** = Best Practice Document **GEN** = General Information Document **OPD** = Operations Document
RFD = Existing Supporting Document Referenced by this ITP **WHP** = White Paper

Employee Name: _____
(Print)

Signature: _____ Date: _____
(Employee Signature)

The details of the satellite device subscription plan are to be attached to this sheet.