

Equipment Request Guide

From the merced.sistersofmercy.org site, navigate to the Information Technology Page or click here: [Information Technology](#).


Once you're on the IT page, click on the **Equipment Request Form** on the left, under **Information Technology Support**.

Information Technology Support

- IT Support Information
- Submit a Ticket
- Equipment Request Form
- Training Documents
- Emails
- Scam Alerts

A new page will open up with the form.

Fill in all your details below. Please note, questions will vary depending on your title. In this example, we will request as a **Sister**.

Sisters of Mercy  Hermanas de la Misericordia

Institute IT Department
866-428-6372 | techsupport@sistersofmercy.org

Equipment Request Form

Equipment Request for Sisters or Staff. All request for approval process. All approved request submitted via the Requester. Please expect a call from the IT help desk.

Requester Name *
Bora Requester

Requester's Email Address *
bchey@sistersofmercy.org

Requester Contact Number *
(484) 430-9029

Requester Title *
☐ SLM/IM
☐ Department Director
☐ ICDO
☐ Manager/Supervisor
☒ Sister
☐ Staff

PLEASE CONSULT WITH YOUR SLM PRIOR TO REQUESTING EQUIPMENT

SLM Name *
Bora Chey, Trainer (TEST ONLY)

Recipient *
☒ Sister
☐ Staff

Sister/Staff Name *
Sister Test

Sister/Staff Email (if one exist) *
Work

Requester Name *

Bora Requester

Requester's Email Address *

bchey@sistersofmercy.org

Requester Contact Number *

() -

Requester Title *

☐ SLM/IM
☐ Department Director
☐ ICDO
☐ Manager/Supervisor
☒ Sister
☐ Staff

PLEASE CONSULT WITH YOUR SLM PRIOR TO REQUESTING EQUIPMENT

SLM Name ?

Alicia Zapata RSM

Is this request on behalf of someone else? *

- ☒ Yes
☐ No

Recipient *

- ☒ Sister
☐ Staff

Sister/Staff Name *

Recipient's Full Name

Sister/Staff Contact Number
(if one exist)

555-555-5555

Sister/Staff Email (If one already exist)

Recipient's Email Address

Work Location or Convent Address *

Recipient's Location

Ship to Work Location/Convent Address? *

- ☐ Yes
☐ No

Alternative Shipping Address

Select your **SLM** and fill in all the necessary information.

If you're submitting the form on behalf of someone, check the box of the recipient type and fill in their respective information.

If you would like to ship the requested item to an **Alternative** address, please select **No** to shipping to **Work Location/Convent Address** and enter the alternative address.

Choose the equipment you would like to request and the date needed.

Type of Equipment Requested - Sister *

- ☐ Laptop ☐ Desktop ☐ Android
☐ iPhone ☐ Flip phone ☐ Ipad
☐ Other

Date Equipment Needed *

12/10/2024



Is the equipment required:

New

Specify if you would like a **New** or **Existing/Shared** device.

If you need your data transferred from your old device, select **Yes** in the checkbox.

Transfer Data from Old Device? *

- ☐ Yes
☒ No

Additional Information/Details

(Software/SharePoint or Teams Access/Groups/Color and Device size requirements)

Here you can add any additional information or details you'd like to specify.

PLEASE NOTE:

If you are requesting a cell phone, you will be able to enter your preferred color and choose if you want to join the SMA plan.

What is the preferred color (cellphone)?
(Based off of availability)

Is this request to join the Sisters of Mercy cellphone plan?

(Please have this information ready for IT HelpDesk: Account Name, Account Number and Transfer Pin Number)

- ☐ Yes, I want to join the SMA plan
☐ No, I wish to keep my own plan

Click on the **Submit** button to complete your request.

Submit

After you click **Submit**, your request will be sent to the **SLM** or **Manager/Supervisor** for approval before IT can fulfill the request.

You will receive a confirmation email for you to review and details to reach IT help desk, should you need any further assistance.