Office of Information Technology Services
DTaaS Device Reassignment Form

Requestor Information

Requesting Supervisor

Last	*First*	*Phone Number*

Date   *Agency Name*

New User Information

Assigned To

Last	*First*	*Billing Code*	*Position Profile*(OITS Use Only)

Previous User Information

Assigned From

Last	*First*	*Billing Code*

Device Information

Type of Device:	
*Asset #:	
*Serial #:	
*Order Date: (located on sticker)	

Signature

Requesting Authority or Division Director	
Please provide signature or type in the name and send from requesting authority's email box.	*Date*

Send completed and authorized request to: EBITSM@ks.gov