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FFAS-6
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U.S. DEPARTMENT OF AGRICULTURE
Farm and Foreign Agricultural Services

FLEXIPLACE HARDWARE AND SOFTWARE REQUEST

PART A - REQUESTING OFFICE

1. Name of Flexiplace Participant	2. Agency/Division/Branch	3. Telephone Number (Area Code)
	4. Room Number	5. E-mail Address

PART B - HARDWARE/SOFTWARE DESCRIPTION

6. Check (✓) the appropriate box(es) indicating the equipment you need: *(Please attach additional information, if needed.)*

	Desk top setup required on personal computer		Agency computer
	Laptop		Software: <i>(List specific software packages in Item 7, Remarks.)</i>
	Modem		
	Printer		

7. Remarks

PART C - APPROVALS

8. Signature of Supervisor	Date	9. Name of Employee's Supervisor
10. Signature of ITSD Official	Date	11. Name and Title of Approving ITSD Official

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