**Checklist: Exemption from QM standard ITS centrally managed build**  
Please ensure that all the items marked **mandatory** below are completed to ensure that the request for a self-managed (unmanaged) device adheres to the ITS approval process. By completing this form, you will ensure that your request is dealt with promptly which will reduce unnecessary delay.

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| --- | --- | --- | --- |
| **#** | **Items** | **Mandatory/Optional** | **Comments / Explanation** |
| 1. 1 | Requesters Details   * Names: * Role: * Email: * Department: | **Mandatory** |  |
| 1. 2 | Please state the business case (rationale) why the standard QM managed service is not suitable for your daily use.  If this is due to supporting specialist software, please provide details. | **Mandatory** | Please note, simply stating in the Business case the inconvenience of contacting the IT Service Desk for support will not be sufficient and the request will be rejected. |
| [To be completed by the requester] | | | |
| 1. 3 | All request to be exempt from the standard managed service must be approved by your Lin Manager or Academic (e.g. PhD supervisor) | **Mandatory** | Please print name and sign here.  Please note, even if the request is approved by your Line Manager or Academic (e.g PhD supervisor) ***FDO approval is still required, and this will be obtained once request has been reviewed/assessed by ITS-Research*** |
| 1. [To be completed by the requesters Line Manager or Academic Supervisor] 2. Name of line manager: 3. Signed:   Date: | | | |
| 1. 4 | 1. State the funding source for the device (if applicable). | **Mandatory** | Possible funding sources (please circle):   * ITS * Department/School * Research allowance * Research grant * Other (please state) |
| If Other please state:  [To be completed by the requester] | | | |
| 1. 5 | What is the budget code for the new device purchase? (if applicable) | **Optional** | For Department/School and Research grant funded purchase.The service desk may need to consult the school/department to obtain this information. Not all users will have this information. Please obtain budget holder approval where appropriate*.* |
| Budget code:  [To be completed by the requester] | | | |
| 6 | Is this an existing device?  [To be completed by the requester] | **Mandatory** | Please circle:   * Yes * No |
| 7 | ITS Research Representative Review and comments:  [To be completed by ITS Research Consultant] | **Mandatory** | Case reviewed (please circle)   1. Managed recommended 2. mRDS recommended 3. Self-managed recommended   (\*Please complete questions 8,9 & 10) |
| *(e.g In alignment to the requirements stated in the business case, I recommend this device for the managed research desktop service ….or self-management and the reason(s) are as follows: ……)*   1. Name of ITS Research Consultant: 2. Signed:   Date: | | | |
| 8\* | Information Security Team Approval and Comments: | **Mandatory for option (c)** | Case approved (please circle)   * Y * N |
| *(i.e. the risk will be transferred to the this school and this will be logged in the QM risk register….)*  Name of Security Officer:  Signed:  Date: | | | |
| 9\* | The end-user of the self-managed device must confirm compliance and acceptance with policy and procedures [ITP07 - Self-Managed Device Policy](https://www.its.qmul.ac.uk/media/its/documents/services/qmulonly/guidancedoc/ITP07---ITS-Policy---Self-Managed-v1.5.pdf) | **Mandatory for option (c)** | Please copy and paste below, the ‘Email Confirmation of acceptance’ from **Appendix B** from the self-managed policy. |
| Confirmation of acceptance: | | | |
| 10\* | FDO review and comments: | **Mandatory for option (c)** | Case approved (please circle)   * Y * N |
| For self-managed devices, I understand that the security risks will be transferred to the School  The risk associated with protecting Queen Mary’s information and the University’s infrastructure will be transferred to the school.  So school will therefore be responsible for:   * Enforcing terms and conditions of the self-managed policy * Installation of legible application and software * Monitoring application/software compliance and kept up-to-date * Anti-virus software kept up-to-date   Any breach will result in the self-managed device being removed and replaced with a managed device.  Name of Faculty Director of Operations:   1. Signed:   Date: | | | |

***Note for Service Desk staff***

Once all information listed above is captured, please forward the original ticket to the appropriate group for further consultation / approval as required (e.g ITS-R). *Do not raise child tickets which cause confusion and delay.*