WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: ☐ Data card ☐ Blackberry ☒ Other: DELETE DELETE SERVICE: 956-720-6

DATA CARDS, BLACKBERRY or OTHER (one form per individual)

(2) Requesting employee:_____ Employee ID#_____ Signature:_____

DEPARTMENT:_____ DEPT #:_____

Quantity:_____

Service: $_____/mo (x) ____ months = 0.00 Account:_____**-532**

Service: $_____/mo (x) ____ months = 0.00 Account:_____**-619/664**

Requisition Total:_____ **Requisition Number:**_____

(3) Elected Official/Department Head Authorization for Request:

_____ _____ _____

Signature Print Name Date

(4) Executive Office Authorization (Commissioner's Court Departments Only):

_____ _____ _____

Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

☐ **SPRINT UNLIMITED DATACARD PLAN** **-or-**

☐ **SPRINT BE1000 + DATAPLAN**

☐ **OTHER:** DELETE SERVICE: 956-720-6386

Commissioner's Court Action: **Commissioner's Court Date:** _____

☐ **Approved Date:** _____ ☐ **Disapproved**

I understand that the value of the use of the wireless device(s) will be included in the wages of the employee that is assigned a county phone and the employee will be liable for the taxes incurred by the cost of this device(s).

Revised: 01/21/2010