



WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: Data card Blackberry Other: Name Change 950-225-8043

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

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

DEPARTMENT: Info. Techn. DEPT #: 200

Quantity: 1

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

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

Requisition Total: 4080.00 Requisition Number: 6036280

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

[Signature] Renan Ramirez 4/19/10
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: _____

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).