

Revised 05/03/10

WIRELESS DEVICE REQUEST FORM W.1.2

Replace

(1) Type of Request:
 Wireless device: Data card Blackberry Other: Name Change
DATA CARDS, BLACKBERRY or OTHER (one form per individual)

(2) Requesting employee: Francis Sander Employee ID# 051519 Signature: [Signature]
 DEPARTMENT: Const. Sect. 2 DEPT#:
 Quantity: _____
 Service: 55 /mo for 8 months = 440.00 Account: 0-1100-412-00-064-001-0-532
01242412000600010
 Service: \$ _____ /month months = 0.00 Account: _____ 619/664
 Requestion Total: 1980.00 Requestion Number: 1038809

(3) Elected Official/Department Head Authorization for Request:
 Signature: [Signature] Print Name: Francis Sander Date: 4/28/10

(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).