WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: ☑ Data card ☐ Blackberry ☐ Other: NAME CHANGE 956-225-8285

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

(2) Requesting employee: CARLOS G. GARCIA Employee ID# 122475 Signature: [signature]

DEPARTMENT: INFORMATION TECHNOLOGY DEPT #: 200

Quantity: 1

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

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

Requisition Total: 4,620.00 **Requisition Number:** P.O. 636280

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

[signature] Renan Ramirez 6/9/10

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:** NAME CHANGE 956-225-8285 (REMOVING)

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