

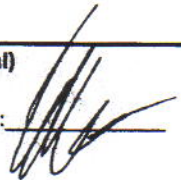


WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: Data card Blackberry Other: Delete (1)

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

(2) Requesting employee: Eduardo Olivarez Employee ID# 106194 Signature: 

DEPARTMENT: Health & Human Services DEPT #: 340


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:

 Eduardo Olivarez 7/14/10
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: Delete (1) MIFI 2200 (210) 883-6831

Commissioner's Court Action: _____ Commissioner's Court Date: 7/20/10

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).

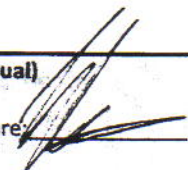


WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: Data card Blackberry Other: Delete (2)

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

(2) Requesting employee: Eduardo Olivarez Employee ID# 106194 Signature: 

DEPARTMENT: Health & Human Services DEPT #: 340


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:

 Eduardo Olivarez 7/14/10

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: Delete (2) WiFi 2200 (210) 883-4017

Commissioner's Court Action:

Commissioner's Court Date: 7/20/10

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).




WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: Data card Blackberry Other: Delete (3)

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

(2) Requesting employee: Eduardo Olivarez Employee ID# 106194 Signature: 

DEPARTMENT: Health & Human Services DEPT #: 340

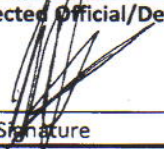
Quantity: _____

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:

 Eduardo Olivarez 7/14/10
 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: Delete (3) MIFI 2200 (210) 883-4768

Commissioner's Court Action:

Commissioner's Court Date: 7/20/10

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).



WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: Data card Blackberry Other: Delete (4)

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

(2) Requesting employee: Eduardo Olivarez Employee ID# 106194 Signature:

DEPARTMENT: Health & Human Services DEPT #: 340

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:

 Eduardo Olivarez 7/14/10
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: Delete (4) MIFI 2200 (210) 883-4997

Commissioner's Court Action:

Commissioner's Court Date: 7/20/10

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).



WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: Data card Blackberry Other: Delete (5)

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

(2) Requesting employee: Eduardo Olivarez Employee ID# 106194 Signature:

DEPARTMENT: Health & Human Services DEPT #: 340

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: Eduardo Olivarez Date: 7/14/10

(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: Delete (5) MIFI 2260 (210) 883-4607

Commissioner's Court Action:

Commissioner's Court Date: 7/20/10

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).