



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Delete Service

Phone# 219-5069

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Mario Sanchez Employee ID# 127272 Signature: \_\_\_\_\_

DEPARTMENT: Health & Human Services DEPT #: 340

Quantity: \_\_\_\_\_

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -532

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -619/664

Requisition Total: \$0.00 Requisition Number: \_\_\_\_\_

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

Eduardo Olivarez

9/13/10

Signature

Print Name

Date

(4) Executive Office Authorization:

Signature

Print Name

Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- POCKET \$25 Month Plan / Unlimited Talk, Text & US Long Distance + \$2.50/Mo Taxes & Fees -or-
- ~~SPRINT BE1000 Plan \$55/Month + Options + \$5.00/Mo Taxes & Fees~~

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).*