



# WIRELESS DEVICE REQUEST FORM W.2011.2

### TYPE OF REQUEST

**County Owned Wireless Device:**

- Office Use *or*  Individual
- Name Change
- Equipment Change
- Plan Change
- Delete Service

**Wireless Data Device:**

- Data Card
- Blackberry
- Other:

**Stipend:**

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Luis Galvan Employee ID# 093661 Signature:

Department: Health + Human Ser Dept#: 340

Quantity: 1 950-929-0668

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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

Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

Eduardo Olivarez 4/13/11  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

Valde Guerra 4/21/11  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: Employee does not want to be taxed.

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 5/3/11

Approved Date: \_\_\_\_\_  Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govt/irs/article0,,id=167154,00.html>, EXAMPLE 2.



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- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Jose Gonzales Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_Department: Health + Human Dept#: 340Quantity: 1 950-929-0662

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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

Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

[Signature] Eduardo Olivarez 4/13/11  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature] Valde Guerra 4/21/11  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: Employee does not want to be taxed. [Signature]Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 5/3/11 Approved Date: \_\_\_\_\_  Disapproved

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- Other:

**Stipend:**

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- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Fabian Luevano Employee ID# 080543 Signature: Fabian LuevanoDepartment: Health + Human Services Dept#: 340Quantity: 1 950-929-0645

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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

Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

[Signature] Eduardo Olivarez 4/13/11  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature] Valde Guerra 4/21/11  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: Employee does not want to be taxed.Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 5/3/11 Approved Date: \_\_\_\_\_  Disapproved

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**Stipend:**

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- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Joe Alvarez Employee ID# 155314 Signature: [Signature]

Department: Health & Human Serv Dept#: 340

Quantity: 1 956-929-0651

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

[Signature] Eduardo Olivarez 4/13/11  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature] Valde Guerra 4/21/11  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: employee does not want to be taxed

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 5/3/11

- Approved Date: \_\_\_\_\_
- Disapproved

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**Stipend:**

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### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Felipe Diaz Employee ID# 115312 Signature: Felipe Diaz

Department: Health + Human Serv Dept#: 340

Quantity: 1 950-929-0652

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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

Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

[Signature] Eduardo Olivarez 4/13/11  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature] Valde Guerra 4/21/11  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: Employee does not want to be taxed.

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 5/3/11

Approved Date: \_\_\_\_\_  Disapproved

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- Other:

**Stipend:**

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Juan Lopez Employee ID# 037796 Signature: Juan Lopez

Department: Health + Human Dept#: 340

Quantity: 1 950-929-0664

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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

Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

[Signature] Eduardo Olivarez 4/13/11  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature] Valde Guerra 4/21/11  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: Employee does not want to be taxed. [Signature]

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 5/3/11

Approved Date: \_\_\_\_\_  Disapproved

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- Other:

**Stipend:**

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Elizardo Ramos Employee ID# 033731 Signature: Elizardo Ramos

Department: Health + Human Ser. Dept#: 340

Quantity: 1 950-929-0669

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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

Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

[Signature] Eduardo Olivarez 4/13/11  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature] Valde Guerra 4/21/11  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: Employee does not want to be taxed.

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 5/13/11

Approved Date: \_\_\_\_\_  Disapproved

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**Stipend:**

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Rogelio Reyes Employee ID# 140864 Signature: Rogelio Reyes

Department: Health + Human Serv Dept#: 340

Quantity: 1 956-929-0653

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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

Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

[Signature]  
Signature

Eduardo Olivarez  
Print Name

4/13/11  
Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature]  
Signature

Valde Guerra  
Print Name

4/21/11  
Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: Employee does not want to be taxed. [Signature]

Commissioner's Court Action:

Commissioner's Court Date: 5/3/11

Approved Date: \_\_\_\_\_

Disapproved

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- Other:

**Stipend:**

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Tod Buster Employee ID# 161845 Signature: Tod Buster

Department: Health + Human Serv. Dept#: 340

Quantity: \_\_\_\_\_  
 Phone number (956) 929-0666

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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

Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

[Signature] Eduardo Olivarez 4/13/11  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature] Valde Guerra 4/19/11  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: employee doesnot want to be taxed

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**Stipend:**

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Salvador Luna Employee ID# 086959 Signature: [Signature]

Department: Health + Human Serv Dept#: 340  
 Phone number (956) 929-0663

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

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

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

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(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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Total: \_\_\_\_\_

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[Signature] Eduardo Olivarez 4/13/11  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature] Valde Guerra 4/19/11  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: Employee does not want to be taxed.

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- Other:

**Stipend:**

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Ronnie Ramirez Employee ID# 058994 Signature: Department: Health + Human Serv Dept#: 340Quantity: \_\_\_\_\_ Phone number (956) 929-0644

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

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### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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 Signature Print Name Date

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Commissioner's Court Action:

Commissioner's Court Date: 5/3/11 Approved Date: \_\_\_\_\_ Disapproved

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- Other:

**Stipend:**

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- Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Ruben Hernandez Employee ID# 03027 Signature: 

Department: Health + Human Serv Dept#: 340  
 Phone number (956) 929-0661

Quantity: 1

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

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

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### STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

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

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 Valde Guerra 4/19/11  
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