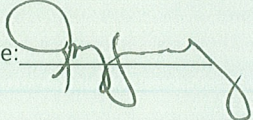
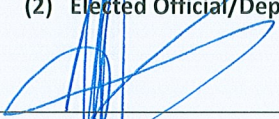
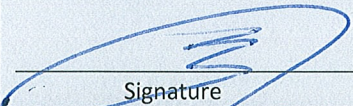


WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use <i>or</i> <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input checked="" type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Jose Gonzales</u> Employee ID# <u>095923</u> Signature: 		
Department: <u>Health + Human</u> Dept#: <u>340</u>		
Quantity: <u>1 956-929-0662</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: _____ Requisition Number: _____ * Employee does not want to be taxed.		
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	<u>Eduardo Olivares</u> Print Name	<u>5/12/11</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
 Signature	<u>Valde Guerra</u> Print Name	<u>5/12/11</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Deactivate 956-929-0662</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: ~~6-17-11~~ **6-14-11**

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/fslg/article/0,,id=167154,00.html>, EXAMPLE 2.