



# 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: Stacy Ramos Employee ID# 114502 Signature: [Signature]

Department: I.T. Dept#: 200

Quantity: 1 950-587-2933

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] Renan Ramirez 6/20/12  
 Signature Print Name Date

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

[Signature] Valde Guerra 6/20/12  
 Signature Print Name Date

## (4) IT DEPARTMENT ONLY:

Service Type Codes: Name Change to 'Office Use' [Signature]

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_

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

A-32813



# 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: Office Use Employee ID# n/a Signature: n/a

Department: I.T. Dept#: 200

Quantity: 1

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] Renan Ramirez 6/20/12  
 Signature Print Name Date

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

[Signature] Valde Guerra 6/20/12  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: Will be issued new MDN. [Signature]

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_

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.