

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" 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: ESTHER A. COYNE Employee ID# 053074 Signature: _____

Department: HR Dept#: 190

Quantity: 1

Service: \$ 115.49 /mo (x) 12 months = 1385.88 Account: 6-1100-415-50-190-022-D 532

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

Requisition Total: N/A Requisition Number: N/A *(Request to delete services)*

STIPEND

(1) Employee: _____ Employee ID# _____ Signature: _____

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Paul Silguero, Jr. PAUL SILGUERO, JR. 9/23/2016

Signature Print Name Date

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

Valdo Guerra Valdo Guerra 9/23/16

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Deactivate Service for 950-330-1790 APP

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/istg/article0,,id=167154,00.html>, EXAMPLE 2.