

**REQUEST FOR WIRELESS DEVICE
 SERVICE TO BE PROVIDED BY DISTRICT**

Service Requested (Check One)

- New: No previous equipment or service
- Upgrade: Change in equipment or related services
- Disconnect: Cancellation of services
- Replacement: Lost, damage or stolen

Date of Request: _____ Department Name: _____ Cost Center #: _____

Applicant Name: _____ Applicant's Position: _____

Work Location Phone #: _____ Classification: _____
 (Administrative/Professional/Instructional/Educational Support)

Budget account to be charged:

Company				Account				Center							
Fund		C/G	Object		Function		T/F	Project		Y	CC				
		5	3	0	3	7	3								

Item Requested	
<input type="checkbox"/>	Blackberry
<input type="checkbox"/>	Cell Phone with Radio
<input type="checkbox"/>	Radio only

Additional Service Requested	
<input type="checkbox"/>	Caller ID
<input type="checkbox"/>	Voice Mail
<input type="checkbox"/>	GPS

Identify the specific position responsibilities that justify this request: (Multiple answers are acceptable)

- ___ Immediate communication between staff and/or public agencies is required
- ___ Personal safety while conducting official ECSD business
- ___ Position requires communication, other than a traditional land line
- ___ Other: Explain: _____

Identify the percentage of work time spent out of the office: _____ %

If requesting Blackberry, please document activities requiring this service: _____

District wireless devices will be issued based on position responsibilities. It is the expectation of the District that wireless devices will be used judiciously. District employees will limit cell phone usage; calls will be made on a conventional land line whenever possible if one is reasonable available. District owned wireless devices should only be used for official District business. Employees using District owned wireless devices will receive a copy of their monthly bill and must complete an audit sheet and reimburse the District for any personal use. The approving supervisor shall provide oversight of the use of the wireless device by reviewing billing documentation for usage and verifying reimbursement requirements. Employees terminating employment with the District or moving to other positions within the District must deliver any wireless device they have been issued to their supervisor prior to their final day.

Required Signatures:

Applicant: _____ Date: _____
 Supervisor: _____ Date: _____
 Assistant Superintendent: _____ Date: _____
 Superintendent/Deputy Superintendent: _____ Date: _____