

# SPS CELL PHONE REQUEST AND APPROVAL FORM

User's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

User's Work Phone No. \_\_\_\_\_ User's Wireless Phone No. \_\_\_\_\_

To be completed by the I.T Dept.

User's Department/School: \_\_\_\_\_

User's Title/Position: \_\_\_\_\_

Is This A New Position: \_\_\_\_\_

If Not, Who Held It Last Year And Did They Have A Cell Phone: \_\_\_\_\_

State The Intended Use: Daily Business Use \_\_\_\_\_ Travel Use \_\_\_\_\_ Emergency Only \_\_\_\_\_

What is the estimated number of minutes the service will be used each month? \_\_\_\_\_

Please provide details about the usage. This will help purchasing to select the best rate plan for the intended usage. For example if the service is to be used while traveling what would be the most common destination(s)? If the service is to be used for daily business, will that business be conducted in the 417 area code? What hours of the day will the business be conducted?

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If you have questions regarding the capabilities of various telecommunications equipment please contact the Help Desk at 33333 or 523-HELP (523-4357).

I have read and understand the District's cell phone equipment and service usage policy. I understand that wireless telephone service is intended for emergency or work related usage.

\_\_\_\_\_  
User's Signature (must be signed before purchase can be made)

I have read and understand the District's telecommunications equipment and service usage policy. I have taken the appropriate steps to ensure that wireless services will be monitored and that personal usage of District purchased services and equipment will be kept to a minimum and reimbursed to the District per administrative policy.

\_\_\_\_\_  
Authorizing Signature (must be signed before purchase can be made)

**Please forward this request directly to the Information Technology Department.**