

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
 Operations Department
 75 North Pace Blvd, Pensacola, FL 32505
 Phone: 850-469-6141

REQUEST FOR WIRELESS DEVICE

SERVICE TO BE PROVIDED BY DISTRICT

Cellphone #: _____ Request Date: _____

Applicant Name: _____

Position: _____

Service Requested (Check One)

- New: No previous equipment or service
- Change: Equipment or services
- Disconnect: Cancellation of services
- Replacement: Lost, Damaged or Stolen

Cost Center #: _____ Name: _____ Phone #: _____

Budget account to be charged: (Required)

Fund	T	Function	Object	Facility	Project	Subproject	Program
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Item Requested

- Smartphone
- Cell phone with radio (PTT)
- Radio (PTT) only
- Hotspot

Additional Service Requested

- GPS – Employee Tracking
- Caller ID
- Voice Mail

Identify the specific position responsibilities that justify this request: (Mark all that apply)

- 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
- Unit transfer from previous employee in this position
- Other (explain): _____

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

If requesting Smartphone, 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 reasonably 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 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 devices 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: _____

Cell phone System Manager Only: Completed By: _____ Date: _____