

**DEPARTMENT OF CORRECTIONS**  
**Communication Device ORDER / APPROVAL FORM**

Date: \_\_\_\_\_

**Very Important: Route/E-mail to DL Helpdesk so a ticket can be created.**

**REQUESTER AND END USER INFORMATION**

**Requester (person completing order form):**

Name \_\_\_\_\_  
 Division/Unit \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Cost Center # \_\_\_\_\_

**Type of Request:**

Cell Phone  PCD  Pager

Date New Service to Start \_\_\_\_\_

Or

Date Current Service Change/End \_\_\_\_\_

**End User (person that will be using the service):**

Name \_\_\_\_\_  
 Division/Unit \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 City/State \_\_\_\_\_

**Delivery/Ship To Address (if different than work address):**

\_\_\_\_\_

**End user must sign the attached device agreement and statement of responsibility form and return with order/approval form**

**EQUIPMENT AND SERVICES TO BE CONNECTED OR CHANGED/DISCONNECTED**

**Type of Request:**

New Service/Equipment  Cancel/Disconnect Service

Equipment Replacement

Vendor Change  Current Carrier: \_\_\_\_\_

User Change  Current User: \_\_\_\_\_

Number to be moved, changed or kept: \_\_\_\_\_  
 Move  Change  Keep

**Comments/Justification:**

**Business Need for Device:**

On Call Status  Extensive Travel  Time Critical Response  Productivity  Emergency Purposes  Other-Specify

**Vendor Preference:**

Nextel  Sprint  Verizon  AT&T  Best Available Coverage

**Estimated Monthly Minute Usage for Cell/PCD** \_\_\_\_\_

**Pager Features:**

Numeric  Alpha-Numeric  No Preference/Not Sure

**Cellular Features/Phone Style:**

Bluetooth  Camera  Walkie-Talkie   
 Text Messaging  No Preference/Not Sure

**APPROVAL**

**Functional Unit Manager Signature:**

Print/Type Name \_\_\_\_\_ Signature \_\_\_\_\_

My signature verifies that the employee requesting this device meets the criteria for issuance as described in the DOC Telecommunications Policy 10.1.2.

**If new Cell/PCD service, a signature of the Assistant Director or above is required: (Pagers Excluded)**

Print/Type Name \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE NOTE: Form Will Not Be Processed Without Completed and Signed Agreement and Statement of Responsibility Form**

## Device Agreement and Statement of Responsibility Form

### Guidelines:

- Other than for reporting emergencies, state issued wireless devices should only be used when other less costly methods of communication are not readily available, e.g. land-line phone.
- State issued devices should be used for state business, emergency situations as described above, or to notify family members of a late arrival home due to work reasons.
- Wireless service bills will be reviewed by managers, DOC ITS, DOC Investigations, and auditors.
- Employees who are found to be abusing device privileges may be subject to disciplinary action.
- Cellular telephone calls can be expensive and should be kept to a minimum, both in number of calls and length of call. Cellular phone/PCD users should always try to use less expensive means of communication when they are available, e.g. land-line phone, pager, or calling card.
- Employees should avoid giving out their cell phone or pager number as their primary phone number. Exceptions to this would be for employees who are constantly away from their workstation to perform their duties.
- Upon receipt of your phone, set up voice mail with name of user, and office location. On shared phones, set up voice mail with office location and land-line contact phone number.
- Upon receipt of your pager, please update management with your new pager number.
- Secure your state issued cell phone/PCD/pager while you are not using it, and report all lost or stolen devices immediately to DOC ITS via the Help Desk to discontinue or suspend service.
- While operating a vehicle, state issued devices should be used in accordance with national and state laws.
- Users should not forward state issued devices to their personal phone numbers and personal phone numbers should not be forwarded to state issued devices.

By signing the agreement, I acknowledge that I have read and understand the DOC Telecommunications Policy 10.1.2 and the above listed guidelines.

---

*Employee Signature*

---

*Date*

---

*Print Name*

---

*Division & Section*