

San Miguel County



REQUEST FOR NEW CELL PHONE

DEPARTMENT: _____

EMPLOYEE NAME: _____

REASON FOR REQUEST:

CELL PHONE NOT WORKING CORRECTLY

PLEASE LIST PROBLEMS WITH CELL PHONE: _____

BROKEN CELL PHONE (PIECES MISSING, ETC.)

NEW EMPLOYEE, NEEDS A PHONE FOR COUNTY BUSINESS

CURRENT EMPLOYEE WHO DOES NOT HAVE A CELL PHONE AND NEEDS ONE

TYPE OF CELL PHONE BEING REQUESTED (MAKE & MODEL): _____

TEXT PACKAGE

EMPLOYEE'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

COUNTY MANAGER'S SIGNATURE: _____ DATE: _____

FOR FINANCE DEPT. ONLY:

CELL PHONE REQUEST RECEIVED: _____ DATE: _____

CELL PHONE RECEIVED: _____ DATE: _____

COMMENTS: _____
