



LIVINGSTON COUNTY CELLULAR REQUEST

Date:

Department: Veteran Services

Permanent Full Time Part time

Name of Employee:

Position:

Justification:

Is employee an Elected Official or Department Director? Yes **No**

Is the employee responsible for making critical decisions directly relate to the County Yes **No**

Does the employee have job responsibilities that require them to be away from the office more than 50% of a normal work day thus requiring use of a cell phone (simple convenience to locate is not a valid criteria to grant a County issued cell phone) Yes No

Is the employee in a position required to be on call 24/7 for emergency support? Yes **No**

Will this employee work in multiple departments, if so which ones? N/A

What is the funding source of this request?

Is this request temporary? Yes **No** (if yes what is the estimated time phone/tablet is needed months)

Justification for Cell Phone/iPad: (Brief explanation/Justification)

Elected Official/Department Director Authorization: (Brief Authorization for need of phone/iPad):

Department Director Authorization

Date

Deputy County Administrator Authorization

Date

IT USE ONLY:
Phone Type:
Plan:
Monthly Charge: