Wireless Communication Device Approval Form

Instructions: Please complete this form and submit to your Department Director for signature and for CAO approval. Please have the signed form available upon request.

Employee Information

Employee Name: _____ Date: _____

E-Mail Address: _____ Phone No: _____

Job Title: _____ Device Requested: _____

Department: _____ Director: _____

Job Responsibilities that require the use of the device requested:

_____

_____

Device Approval Guidelines

INITIAL HERE _____ I understand that by submitting this form, I am requesting approval for a mobile device that incurs higher costs to the City of New Orleans due to the cost of the device, monthly service plan and/or other service fees levied by the wireless carrier.

INITIAL HERE _____ I affirm that this device is necessary to complete the job responsibilities detailed above and that no other device currently approved by the ITI Department would allow me to fulfill my job responsibilities.

INITIAL HERE _____ I have read and understood CAO Policy 60(R) and I accept the terms and conditions of the "City-Provided Wireless Communication Device User Acknowledgment and Agreement" contained within the Policy.

INITIAL HERE _____ I understand that a protective case must be purchased and used on the requested tablet or Apple iPad to protect from damage. Approval is contingent upon purchase of the case. This is a requirement for all tablet or Apple iPad purchases.

Signature: _____ Date: _____

Approval

Department Director: _____ Date: _____

Chief Administrative Officer: _____ Date: _____