

NCDOA Cellular Device Approval and Usage Acknowledgement

Division Name: _____

Name: _____

Email address: _____

Work address: _____

Budget code: ---

I have read the Mobile Communication Device Policy for DOA and understand my responsibilities and rights, including that related records may be subject to public records request.

Name: _____ (Print Name) _____ (Signature) Date: _____

Check one:

Requirement for 24-hour or on-call duty. Working outside the office 50% or more on average.

Explanation how device will be used for work purposes:

Check one:

For personal use only:

Personal phone Cellular phone number: _____
 Basic Phone Smartphone Cellular provider: _____

DOA-provided device Cellular number, if assigned: _____

Supplied device type

Basic Phone Smartphone
 Basic Phone with Push-to-Talk 4G USB Modem for laptop
 Push-to-Talk only Netbook

Supervisor: _____ (Print Name) _____ (Signature) Date: _____

Division Director: _____ (Print Name) _____ (Signature) Date: _____

Deputy Secretary: _____ (Print Name) _____ (Signature) Date: _____

Fiscal Officer: _____ (Print Name) _____ (Signature) Date: _____

FOR MANAGEMENT INFORMATION SYSTEMS USE ONLY

Provider: _____ Selected device: _____

Order date: _____ Receipt date: _____

Cell number: _____ Cell device ESN: _____

MIS Cellular Coordinator: _____ (Print Name) _____ (Signature) Date: _____