



Employee Information														
Employee Name		Department/Region												
Employee Title		Contact Phone												
Cellular Number		Cellular Carrier												
Work Order	Group	Work Op	Control Section	Organization Code										
Type of Request														
<p>WSDOT-provided Mobile Communication Device</p> <p>Note: Any WSDOT-provided Mobile Communication device with a cost of \$300 or greater is required to be entered into the agency's Remedy Asset Management System and tagged with its Asset ID.</p> <p>Employee-owned Mobile Communication Device</p> <table style="width:100%; border: none;"> <tr> <td style="padding: 5px;">New Stipend</td> <td style="padding: 5px;">Stipend Cancellation</td> <td colspan="2"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> </tr> <tr> <td style="padding: 5px;">\$10 (Voice Only)</td> <td style="padding: 5px;">\$30 (Data Only)</td> <td style="padding: 5px;">\$40 (Voice & Data)</td> <td></td> <td style="padding: 5px; text-align: right;">Effective Date</td> </tr> </table> <p>Funding for the Mobile Communication device, both WSDOT-provided and Employee-owned stipend, is the budgetary responsibility of the individual work organization to which the employee is assigned.</p>					New Stipend	Stipend Cancellation				\$10 (Voice Only)	\$30 (Data Only)	\$40 (Voice & Data)		Effective Date
New Stipend	Stipend Cancellation													
\$10 (Voice Only)	\$30 (Data Only)	\$40 (Voice & Data)		Effective Date										
Employee Policy Review														
<p>By signature below, I signify that I have read and agree to comply with the Washington State Department of Transportation's Mobile Communication Device policies and procedures, Executive Order E 1105.00.</p>														
_____			_____											
Employee Signature			Date											
Department Approval														
<p>This Mobile Communication Device Request is approved due to justified business need.</p>														
_____			_____											
Supervisor Signature			Date											
_____			_____											
Manager Signature			Date											
_____			_____											
Appointing Authority Signature			Date											
For Internal Business Services Use Only														
<table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> <td style="padding: 5px;">Payroll</td> <td style="width: 20%;"></td> <td style="padding: 5px;">Date</td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> </table>						Payroll		Date						
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