

**Larimer County
Request for County-Provided Wireless Device**

New Request Cancellation Annual Re-Authorization

Employee Name _____ Employee # _____

Job Title _____ Department _____

Name / Number of Wireless Device _____

Justification for device _____

Employee Certification and Signature: (for new request or continuation)

I certify that I will use a County-provided device towards the business use designated above and will promptly report any changes in the level of usage to my supervisor. I will take reasonable steps to protect the device from being lost or damaged. I understand this device is County property and must be returned to the County if I am no longer required to carry it.

I further certify that I have read, understood, and intend to comply with the County Wireless Connectivity Policy. **I understand that personal use of this device can result in disciplinary action.**

The undersigned employee of Larimer County hereby authorizes Larimer County to deduct the cost of any unauthorized personal use of this wireless device through Payroll deduction.

Employee Signature

Date

Supervisory Certification and Signature

I certify that this wireless device is needed by this employee for official County business.

This employee no longer needs a wireless device, and it has been returned to the County.

Supervisor Signature

Date