

**CITY OF CORAL GABLES
CELL PHONE REQUEST FORM**

I.T Service Request No: _____ Date: _____
Employee Name: _____ Supervisor Name: _____
Employee Department: _____ Supervisor Phone Number: _____
Position/Title: _____ Full Time Employee Part Time Employee

Direct Deliverables to Citizens as a result of the issuance of City phone

Urgency to have immediate contact with citizens or supervisors

Is this employee replacing a previous one? **Yes** (replacement) **No** (new phone issuance)
If **No** (new phone issuance), justify the approval and the budget for a new phone issuance:

Justification of approval from supervisor

Budget Justification

Supervisor Signature: _____

Division Director Signature: _____

Department Director Signature: _____

Assistant City Manager Signature: _____

Notes

**Cases and other accessories are NOT provided by IT.

**As of 12/16/2015 per the City Manager's Office and Human Resources, Personal number port-in/outs are no longer allowed unless authorized.

**Phone replacements due to damages, or lost or stolen devices is the responsibility of each individual department. Replacement cost for phones will be at carrier price.