



Mobile & Electronic Device Request Form

The purpose of this form is to request that the Winnebago Tribe issues a mobile device to the employee identified within. This form is to be completed by the department head; all completed request forms are to be forwarded to the CEO and/or the CFO. All approved mobile device request forms must be accompanied by a signed electronics use agreement; both documents will be placed in the affected employee file.

INTACCT FUND:

USER INFORMATION:

EMPLOYEE NAME: _____

TITLE & DEPARTMENT: _____

Is this a supervisory position? YES NO EXEMPT NON-EXEMPT

DEVICE INFORMATION:

New Device Upgrade Replacement: 1st / 2nd / 3rd

REQUESTING APPROVAL FOR THE FOLLOWING DEVICE:

Smartphone (specify make, model): _____

Tablet (specify make, model, size): _____

Laptop (specify make, model, size): _____

TIME FRAME FOR ANTICIPATED USE:

Indefinite or while in position/department identified above

Intermittent project work (specify): _____

Other (specify): _____

USER JUSTIFICATION:

(Note: information provided may require further validation)

Job responsibilities required by the employee are as follows (check all that apply):

Making critical day-to-day business decisions which require immediate attention and interaction

Engages in significant work outside of the office or in remote locations

Frequently engages in work-related travel or telecommuting

Expected to receive/return calls and provide assistance outside normal business hours

Responsibilities include sending commands to control systems remotely outside normal business hours

Designated as key personnel needed in the event of an emergency

Required to have constant access to data sources, network resources, and/or other systems

Frequently engages in mission-critical/business-related communication outside business hours



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SIGNATURES

EMPLOYEE/USER: _____

DATE: _____

DEPARTMENT HEAD: _____

DATE: _____

Forward completed request form to CEO and/or CFO for determination

DETERMINATION:

Request Approved

Request Denied

CHIEF FINANCIAL OFFICER: _____

DATE: _____

Request Approved

Request Denied

CHIEF EXECUTIVE OFFICER: _____

DATE: _____

Upon approval, forward to HR for placement in employee file and attach signed electronics use agreement
