

City of Richmond  
**Administrative Manual**

**ELECTRONIC COMMUNICATION DEVICE AUTHORIZATION REQUEST**

DATE: \_\_\_\_\_

TO: Information Technology Director

EMPLOYEE NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DEVICE TYPE: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

Was this equipment included in the budget? Yes  No

If this equipment was not budgeted, are sufficient funds remaining in the budget? Yes  No

Account String: \_\_\_\_\_

**Describe the purpose, justification, and importance of the requested equipment.**

I hereby acknowledge that I have read the City of Richmond Electronic Communication Device policy (AP 658) and clarified with my supervisor any questions regarding its provisions. I agree to comply with all the requirements contained therein and understand that appropriate disciplinary action may be taken if I am found in violation of the policy.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVAL SIGNATURES**

Immediate Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Department Director: \_\_\_\_\_

Date: \_\_\_\_\_

IT Director: \_\_\_\_\_

Date: \_\_\_\_\_

**The City will annually review electronic device to ensure designated employees continue to demonstrate a need for this equipment.**

This policy shall be reviewed and revised as needed on an annual basis.

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IT Department Use Only

Mobile Service Provider: \_\_\_\_\_

Cellular Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_