



TEXAS TECH

Communication Services

Phone: (806) 742-2000 Fax: (806) 742-1343



Request for Loaner Cellular Phone

INFORMATION REQUIRED FROM REQUESTING DEPARTMENT

Date Requested: _____

Department Name: _____

Employee Name: _____

Department Code: _____

Tech ID or SSN: _____

Department Phone: _____

Wireless Number: _____

Departmental FOP Number: _____

Please provide a brief description of the intended use of the phone as well as the expected length of use.

I have read and agree to abide by all appropriate TTU/TTUHSC and departmental operating policies and procedures (TTU OP 48.04, TTUHSC OP 55.04). I further agree that I will return all items that I receive from Communication Services, i.e. phones, data devices, chargers, USB cords, boxes, phone cases, etc. If I do not return all items taken, I understand that Communication Services will charge me for the missing items.

Wireless User's Signature: _____

DEPARTMENT HEAD APPROVAL

Name: _____

Signature: _____

Date: _____

VICE PRESIDENT or DEAN APPROVAL

Name: _____

Signature: _____

Date: _____

COMMUNICATION SERVICES USE ONLY

Picked up By: _____

Returned By: _____

Pickup Date: _____

Return Date: _____

911 File

Excel Spreadsheet

Telesoft

TLEM

Other: _____