



Standing Rock Sioux Tribe
**INFORMATION TECHNOLOGY
DEPARTMENT**

ITDept@standingrock.org

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(701) 854-8550
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Cell Phone Request Form

Employee Name: _____ **Date:** _____

Supervisor: _____ **Department:** _____

State your reason why you need a cell phone: _____

What type of cell phone are you requesting?: _____

Requesting (Please choose one):

New Service

Phone Upgrade

- Existing Cellular # _____

Did you read and sign the SRST Employee Cell Phone & PDA Policy?:

Yes

No (If you checked no, please make sure to ask for a copy.)

Check all that apply to your request:

Do you want to use Verizon Wireless or Standing Rock Telecom?:

Verizon Wireless

SR Telecom

AT&T

Accessories: (You can check more than one.)

Phone Case

Car Charger

Screen Protector

Contract Rep. Section Only

Approved

Disapproved

Dept. Contract Representative: _____ Date: _____

Supervisor/Director Section Only

Employee who will be using the equipment: _____ Phone/Ext.: _____

Approved

Disapproved

Supervisor/Director's Signature: _____ Date: _____

I.T. Director Section Only

Approved

Disapproved

I.T Director's Signature: _____ Date: _____