



MDWFP Mobile Device Request Form

HARDWARE DETAILS

Device Requested: Mifi Tablet Phone Other (list): _____

PURPOSE OF DEVICE REQUESTED

EMPLOYEE DETAILS

To whom is the device assigned

Permanent Employee Contractor / Temp

First / Middle Name: _____ Last Name: _____

Bureau: _____ Position: _____

Location: _____

Supervisor: _____

Contact Number: _____

BILLING DETAILS

Cost Center: _____

DEVICE AGREEMENT

The device(s) assigned to you is for Mississippi Department of Wildlife, Fisheries, and Parks use only. Using the device for personal use is not allowed, as is excessive data usage, and doing so may result in revocation of the device assigned. By signing this policy agreement, you also agree to not let any non-agency personnel use and / or connect to the device assigned. All data and location services of the device are subject to monitoring. You are expected to take care of the device and not subject the device to extreme elements which can damage it.

AUTHORIZATION

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Contact
Number: _____

MIS Director
Signature: _____ Date: _____

Executive Director
Signature: _____ Date: _____