



MULTNOMAH COUNTY
Authorization for County-Issued Cellular Devices

To be completed by employee:

Employee Name: _____ SAP Personnel #: _____
(PLEASE PRINT)

Employee's county-issued cell phone number: _____ Cell Phone Carrier: _____

Effective Date _____.

I verify that I have been authorized to use a county-issued Cellular Device for business use by my Supervisor and that I have read and agree to the terms in MCPR 3-37 and Administrative Procedure FIN-18.

Employee Signature: _____ Date: _____

To be completed by Supervisor and forwarded to Department Director for authorization:

Supervisor's name: _____
(Please print)

I verify that the employee listed above is required, due to legitimate business need, to utilize a county-issued Cellular Device.

Supervisor Signature: _____ Date: _____

Department Director:

Please check box and sign below. Request is Approved ☐ Denied ☐

Dept. Director Signature: _____ Date: _____