



CELLULAR DEVICE INSTITUTIONAL USE REQUEST

DEPT OF CORRECTIONAL SERVICES

Use this form to request use of a cellular device beyond the front entrance, vehicle sally port or other security access point of a secure institution (NSP, TSCI, LCC, DEC, NCCW, OCC, NCYF, WEC, CCC-L, CCC-O). Complete section A below (attach additional detail, if needed) and applicable section of B, C, D, or E. Print the completed form and submit to direct supervisor.

SECTION A:

NEED - Describe your need to use a cellular device in a secure institution. This request will ONLY be considered if a compelling business need is clearly articulated. Specifically, that the need cannot be met without the use of a cellular device. Phone and email availability is not sufficient justification.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number (10 digit): \_\_\_\_\_ Brand: \_\_\_\_\_ Model: \_\_\_\_\_

IMPACT - What would be the most significant impact if you were not able to use a cellular device in a secure institution?

SECTION B. Multi-User Phone (Check one category)

OD Phone Type of OD: \_\_\_\_\_

Travel Order/Loaner Storage Location: \_\_\_\_\_ # Phones in this location: \_\_\_\_\_

SECTION C. Individually Assigned State Owned Phone (Check one category)

Special Team Use  SORT  CERT  CNT Position on Team: \_\_\_\_\_

Incident Command Team Member Assigned Role: \_\_\_\_\_

### DEPT OF CORRECTIONAL SERVICES

**Primary Job Assignment in a Secure Institution** Title: \_\_\_\_\_

Assigned a landline  Yes  No Assigned a radio  Yes  No

Assigned an office/work area  Yes  No Phone used for 24/7 contact  Yes  No

**Primary Job Assignment Not in a Secure Institution** (includes positions outside the secure perimeter)

Carry a radio at secure insitution  Yes  No Escorted by inst. staff at all times  Yes  No

### SECTION D: Other State Agency (submit directly to NDCS Director)

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Carry a radio at secure institutions  Yes  No Escorted by inst. staff at all times  Yes  No

### SECTION E. Contractor Phone

**Contractor Phone** Start Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Work assignment: \_\_\_\_\_ Institution: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

Warden/Prog Admin: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

Director Review

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

HR

Card Printed By: \_\_\_\_\_ Date: \_\_\_\_\_