



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: _____

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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: _____