

DIVISION OF ADMINISTRATION

JUSTIFICATION MEMORANDUM FOR WIRELESS COMMUNICATION DEVICES

TO: \_\_\_\_\_  
Appointing Authority

FROM: \_\_\_\_\_  
Section Head

DATE: \_\_\_\_\_

RE: **Justification for Cellular Phone Allowance or State Issued Devices**

I am requesting approval for the following option for the employee listed below:

- Cellular Phone Allowance; \$\_\_\_\_\_ (per month)
- State Issued Device
- Cancel Cellular Phone Allowance, effective \_\_\_\_\_.  
(Explanation: \_\_\_\_\_)

Employee: \_\_\_\_\_

Name	Personnel No.
Job Title	Section

A brief description of the employee's job duties and an explanation as to why the device is necessary for the employee to satisfactorily perform his duties:

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\_\_\_\_\_  
Section Head Signature

\_\_\_\_\_  
Date

Appointing Authority's Decision:  Approved  Denied

\_\_\_\_\_  
Appointing Authority's Signature/Date

**Please forward this completed form to the Office of Human Resources.**