

## Request for Reactivation of Cellular Service

Cellular Phone # \_\_\_\_\_

Service Provider \_\_\_\_\_

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

*As a reminder, please review the following statement of appropriate use and holder responsibilities.*

The Laboratory's telecommunication systems are to be used for the conduct of official Laboratory business. Personal calls of employees and users are permitted only if they do not interfere with the performance of official duties and are of reasonable short duration and frequency, as determined by each employee's supervisor. Supervisors are responsible for the proper use of the Laboratory's telecommunication systems within their areas and for minimizing employee time spent in the placement of personal calls.

Monthly usage verifications are sent to all cellular phone holders. It is the responsibility of the holder to verify all calls made and ensure that the verifications are returned to the Telecom Department on a timely basis. Failure to follow proper procedures will result in subsequent suspensions of cellular service.

Employee  
Signature \_\_\_\_\_ ID# \_\_\_\_\_

Date \_\_\_\_\_

Division/Section  
Head Signature \_\_\_\_\_ ID# \_\_\_\_\_

Date \_\_\_\_\_