

## Appendix B | Employer Device Request

**Last Updated:** May 1, 2025

### Ch'íyáqtel EMPLOYER DEVICE REQUEST FORM

<b>Employee Name:</b>		<b>Date:</b>	
<b>Job Title:</b>		<b>Department:</b>	
<b>Employment Status:</b> (F/T or P/T)		<b>Manager:</b>	

#### JUSTIFICATION: (Supervisor to select all that apply)

The employee requesting an Employer Device fulfills one or more of the following criteria:

- ☐ The employee requires frequent and immediate access to Ch'íyáqtel's email system to fulfill their job duties; and/or
- ☐ The employee requires frequent and immediate access to telephone, voicemail, and/or text messaging capabilities to fulfill their job duties.

**NOTE:** Employer Devices are for full-time employees only, following the completion of a successful probationary period.

#### Additional factors

The Supervisor may consider the following additional factors as they pertain to the employee's standard job duties:

- ☐ The employee is regularly away from their primary work location (for example, their office or workshop) for considerable periods of time, and the resulting lack of communication impacts their ability to perform their work.
- ☐ The employee regularly works in an "on call" capacity.
- ☐ The employee requires mobile communication capabilities on the job for safety purposes.

#### Discretionary Criteria

The Supervisor, at their discretion, may specify additional criteria for consideration when reviewing an employee request for an Employer Device and/or accessories. Any such additional criteria must be documented in writing and approved by the Mobile Device Administrator.

☐ Other: \_\_\_\_\_

**DECISION:**☐ Approved☐ Not Approved**If approved, indicate which of the following applies:**

<input type="checkbox"/> Transfer	<input type="checkbox"/> Suspend	<input type="checkbox"/> Upgrade
<b>Transfer Phone to:</b>  <b>Reason:</b>	<b>Reason:</b>	<b>Reason for Upgrade Request:</b>  <input type="checkbox"/> Damaged Phone <input type="checkbox"/> No Longer Holds Charge <input type="checkbox"/> Contract Expired <input type="checkbox"/> Other: _____

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**SUPERVISOR SIGNATURE**

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**DATE**Submit Completed Requests to: [jolene@tzeachten.ca](mailto:jolene@tzeachten.ca)