

Office of Christine Lizardi Frazier
Kern County Superintendent of Schools

PAGER REQUEST FORM

Cook Paging

Plan	Rental per month Alpha Numeric
Statewide alpha numeric	\$8 + tax

Does this employee have a KCSOS cell phone?

If yes, why does the employee need a cell phone and a pager?

Name _____

Location _____

Budget Number
(If budget transfer is required,
request transfer to be completed
before submitting this form.) _____

Department Director Approval _____ **Date** _____

Division Administrator Approval _____ **Date** _____

Division Asst. Supt. Approval _____ **Date** _____

CBO Approval _____ **Date** _____

Return completed form to Budget/Purchasing Services. ATTN: Pat Cross