



Reach Each Child

**Pulaski County Public Schools**  
**Office of the Information Technology**

89 Commerce Street, Pulaski, Virginia 24301

**REPORT OF LOST, STOLEN, OR DAMAGED CELL PHONE**

This form is to be completed by an employee and submitted to the Director of Information Technology within 24 hours of a lost, stolen, or damaged cell phone so the number can be deactivated. Based on the situation surrounding the event, the employee may be charged for replacement of the cell phone.

**Employee Full Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Explanation of lost, stolen, or damaged cell phone:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION TO REPLACE**

**Principal/Cabinet Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approve reissue with reimbursement:

Approve reissue without reimbursement:

Disapprove reissue with reimbursement:

Disapprove reissue without reimbursement:

**Director of Information Technology Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Final: approve reissue with reimbursement:

Final: approve reissue without reimbursement:

Final: disapprove reissue with reimbursement:

Final: disapprove reissue without reimbursement:

**REPLACEMENT COST:** \$ \_\_\_\_\_

**REIMBURSEMENT**

**Finance Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_ (check #) \_\_\_\_\_ (cash) \_\_\_\_\_