

**Wireless Communications Request
Justification and Acknowledgment
(New and Revisions)**

Employee Name (Print): _____

Employee Title: _____

Section A: Justification of Business Need

The duties of the position may lead to potentially dangerous scenarios and situations with no other acceptable or reliable means of alternative communications.

The duties of the position require that the employee work regularly in the field and need to be immediately accessible.

The duties of the position are such that immediate emergency response is critical (executive, police, or emergency responder) or the employee is responsible for critical infrastructure or operational support and needs to be immediately accessible at all times (telecommunication, computer, or network responder).

The duties of the position require a significant amount of travel during regular work hours or outside normal hours but related to official university business and access to information technology systems, in which the judgment of the university, render the employee more productive and/or the service the employee provides more effective.

The duties of the position require response and decision making to life-threatening or public safety issues and situations.

The duties of the position make it necessary that the employee be accessible to communicate with senior management at any time.

The President of the University deems it necessary to ensure the flow of information and critical support of the university mission.

In most cases, a stipend for the equipment will not be provided. However, if circumstances exist that require a specific carrier/technology be used, the respective Vice President (in consultation with the department head and Chief Information Officer) may approve a stipend to off-set the additional cost of this specific equipment.

Section B: Approval / Acknowledgement

Supervisor Signature: _____ Date: _____

Department: _____ Fund Center: _____

Estimated Cell Business Minutes/Plan	Plan ID	Monthly Stipend Provided
450 Minutes, no other features	1	\$30.00
900 Minutes, no other features	2	\$40.00
Smart Phone – 450 Minutes, Unlimited Text, Unlimited Data	3	\$60.00
Smart Phone – 900 Minutes, Unlimited Text, Unlimited Data	4	\$75.00

The stipend will be paid once per month on the last pay of the month following the monthly billing cycle. For example, the payment for the January bill will be paid the last pay of February.

Plan selection guidelines:

Employee Rank	Recommended Plan
President	4
Executive Management	3 or 4
Associate VP, Assistant VP, Deans	2 or 3
Directors, Mid Management	1 or 3
Staff	1

Check Approved Plan(s)/equipment:

1 2 3 4

I have read and understand the wireless communication device policy and the applicable subscription plan:

Employee Name: _____

Signature: _____

Date: _____

Wireless Communications Allowance Status

(This form used by Department Head/Chair for yearly audit or to discontinue allowance)

Employee Name (Print): _____

Please Check the Appropriate line:

____ The employee status remains the same. The allowance for the cellular phone service is to continue.

____ The employee status has changed and the allowance for the cellular phone service is to be discontinued beginning _____, 20____.

Department Head/Chair: _____

Signature: _____

Date: _____

Forward the completed form to Human Resources

Human Resources Director: _____

Signature: _____

Date: _____

If the allowance is to be discontinued, forward to the Payroll Clerk

Payroll Clerk: _____

Signature: _____

Date: _____

Human Resources Only

Archived: _____ Date: _____

RETURN COMPLETED FORM COPY TO THE BUSINESS OFFICE AND THE COMPUTING CENTER