WIRELESS COMMUNICATION DEVICE JUSTIFICATION AND ACKNOWLEDGEMENT REQUEST FORM

(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 Director of Telecommunications) may approve a stipend to off-set the additional cost of this specific equipment.

Section B: Approval/ Acknowledgement

Supervisor Signature: _____ Date: _____

Department: _____ Fund Center: _____

Plan# and Description	Stipend
1 – Voice/Text	$40.00
2 – Voice Data Bundle	$68.00
3 – Voice Data Unl	$80.00
4 – Data only[1]	$35.00

Plan selection guidelines:

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

Check Approved Plan(s)/equipment:

[ ] Plan 1 — Voice/Text
[ ] Plan 2 - Voice Data Bundle
[ ] Plan 3 – Voice Data Unl
[ ] Plan 4 - Tablet

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[1] Wireless Data Device (e.g., tablet) not tethered to a cell phone

Employee Name: ______________________________ (please print)

Signature: ______________________________

Date: ______________

<u>Section C: Upper Management / Departmental Approvals</u>

Division Vice President:

Name: ______________________________ (please print)

Signature: ______________________________

Date: ______________________________

VP for Administration/Finance:

Name: ______________________________ (please print)

Signature: ______________________________

Date: ______________________________

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Computing Technologies Center / Telecommunications Office <u>must</u> sign *off* on "DATA" capable phone to ensure compatibility with the University Telecommunications Network, and email system.

Computing Technologies Center /Telecommunications Office

Name: ______________________________ (please print)

Signature: ______________________________

Date: ______________

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Human Resources:

Name: ______________________________ (please print)

Signature: ______________________________

Date: ______________

Effective 8.13.13