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.

Effective 1.27.17
Section B: Approval / Acknowledgement

Supervisor Signature: ________________________________ Date: ____________
Department: ________________________________ Fund Center: ____________

<table>
<thead>
<tr>
<th>Plan # and Description</th>
<th>Stipend</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Voice/Text Limited ≤3G</td>
<td>$29.00</td>
</tr>
<tr>
<td>2 – Voice Data Bundle ≤6G</td>
<td>$44.00</td>
</tr>
<tr>
<td>3 – Voice Data Unlimited</td>
<td>$66.00</td>
</tr>
<tr>
<td>4 – Data only¹</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

Plan selection guidelines:

<table>
<thead>
<tr>
<th>Employee Rank</th>
<th>Recommended Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>1, 2, or 3</td>
</tr>
<tr>
<td>Executive Management</td>
<td>1, 2, or 3</td>
</tr>
<tr>
<td>Associate VP, Assistant VP, Deans</td>
<td>1, 2, or 3</td>
</tr>
<tr>
<td>Directors, Mid Management</td>
<td>1 or 2</td>
</tr>
<tr>
<td>Staff</td>
<td>1</td>
</tr>
</tbody>
</table>

Check Approved Plan(s)/equipment:

[ ] Plan 1 – Voice/Text Limited (≤3G)
[ ] Plan 2 – Voice Data Bundle (≤6G)
[ ] Plan 3 – Voice Data Unlimited
[ ] Plan 4 - Tablet

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

Effective 1.27.17
Employee Name: ___________________________________________ (please print)
Signature: ________________________________________________
Date: _____________________

Section C: Upper Management / Departmental Approvals

Division Vice President:
Name: _____________________________________________________ (please print)
Signature: _________________________________________________
Date: _____________________

VP for Administration/Finance:
Name: _____________________________________________________ (please print)
Signature: _________________________________________________
Date: _____________________

================================================================================

Computing Technologies Center / Telecommunications Office must 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 1.27.17
Wireless Communications Stipend Status

(This form used by Department Head/Chair for yearly review and re-authorization, or cancellation of allowance)

Employee Name:_______________________________________________ (please 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____.

Note: any changes in stipend due to changes in plan costs, levels, and types of service, or equipment must be submitted using the Wireless Communications Request forms.

Department Head/Chair: ______________________________________ (please print)
Signature:   ______________________________________
Date:    ___________________

Forward the completed form to Human Resources

Human Resources Director: ______________________________________ (please print)
Signature:   ______________________________________
Date:    ___________________

Human Resources Only
Archived: ___________________     Date:_______________________

Effective 1.27.17