# *Authorization for Business-Related Wireless Device*

| | | |
|---|---|---|
| Employee Name: | | Phone Ext: |
| Home Address: | | |
| City, State, Zip Code: | | |
| Department: | | ☐ Employee owned device<br>☐ University owned device |

Please indicate why wireless device is required, in accordance with university policy.

1. ☐ The employee performs critical work assignments away from an office or desk location **AND** the employee is expected to be accessible to adequately perform job duties while away.
2. ☐ Employee is required to be accessible 24/7 in case of emergencies.

| *Provide detailed business explanation to justify how policy requirements noted above have been met.* |
|---|
| |

***Wireless Device Purchase Cost and/or Service Plan Allowance Amount***

| Service Plan Reimbursement Period (ex. mm/dd/yyyy – mm/dd/yyyy): | **Total** |
|---|---|
| Ongoing Monthly Service Plan Allowance ( ☐ High Use - $55, ☐ Medium Use - $30, or ☑ Low Use - $15) (Reimbursement for up to 12 months) (Attach most recent bill) (Reimbursement may not exceed actual expenses incurred) | $ |
| Wireless Device Purchase Allowance ( ☐ High Use - $350, ☐ Medium Use - $200, or ☑ Low Use - $50) (Attach purchase receipt/bill) (Reimbursement may not exceed actual expense incurred)<br>Has the University reimbursed you for the purchase of a wireless device within the last two years?<br>☐ No ☑ Yes *(You are only eligible for device cost reimbursement due to an increase in use)* | $ |
| ***Total Allowance Requested (device and plan):*** | $ 0.00 |

| | |
|---|---|
| ***Wireless Priority Service (WPS) Allowance (****Approval from Emergency Services required****)*** | $ |

***Expense Chartfields (required)***

| Business Unit | Account | Fund | Dept ID | Program | Proj/Grant | Class |
|---|---|---|---|---|---|---|
| | **604803** | | | | | |
| | **604803** | | | | | |

**Terms:**

Employee has read, understands, and agrees to *Wireless Device for Business Use Policy*. Please sign and submit approved form to Accounts Payable in Financial Services.

***EMPLOYEE SIGNATURE:*** _____ ***Date:*** _____

**AUTHORIZED SIGNER (APPROVING AUTHORITY):**

_____ _____
Print Name Date

_____
Signature

**VICE PRESIDENT or DESIGNEE APPROVAL:**

_____ _____
Print Name Date

_____
Signature