

Committee Use Only
Request No. _____

Cellular Device Communications Request Form

Date _____

Individual Responsible for Cellular Device

Name _____
Job Title _____
Department _____
Campus Address _____
Telephone _____
Email _____

Type of cellular request Existing service New service

Cellular device number if requesting approval for existing service _____

Device assignment (check one) Individual Above Department (Shared cell phone)

Select from the reasons below why the cellular device is required. Detailed explanations and examples must be included for each justification selected.

(Select all that apply).

- The majority of the job activities are "in the field" where business either cannot be conducted on a landline telephone or it is inefficient to use a landline telephone.
- The responsibilities of the position require immediate accessibility in case of emergency. (Specific examples of potential emergencies must be provided).
- The employee's responsibilities periodically require travel or immediate contact availability. The department requests a cellular device that can be shared among staff members depending on their assignments.
- Other--Explain below in detail.

Explanations and examples required for all requests (attach additional pages if necessary).

Employee Signature (if assigned to employee) _____

Dept. Contact Person _____ Title _____

Dept. Contact Phone _____ Dept. Contact Email _____

Dean, Director, or Vice Provost Signature _____

Committee Action Approved Not Approved

Committee Signature _____ Date _____

Send completed form to: CASPUR, Room 7, Carruth O'Leary Hall