## **Mobile Communication Device Request Form**

A mobile communication device is justified for these reasons:

monthly stipend may be a taxable benefit.

Divisional Vice President:\_\_\_

Option	Access Level	Description	Monthly Stipend (attach billing statement)	Equipment Reimbursement (attach original receipt)
I		College provided mobile communication device	\$0	\$0
II	А	This employee is a key staff member needed in the event of an emergency. (President's Cabinet, Crisis Management Team, etc.)	\$50 (or 50% of monthly cost, whichever is less)	\$50 every 24 months
	В	Intermittent on-call status; limited data/minimal device usage is anticipated. (ex. most OIT staff and some mid-level managers)	\$15	\$50 every 24 months
III		Access to Outlook Exchange Server for email, calendar, and contacts.	\$0	\$0

contacts.	Server for email,	, carchaar, and	ΨΟ	ΨΟ		
Print Name:		Datatel ID Number:				
Requested Option & Access Level (if applic	cable):	Cell Phone Number:				
Monthly Stipend (if applicable):		Equipment Reimbursement (if applicable):				
If requesting monthly stipend (Object Code 501 have been allocated in departmental budget account allocated in departmental budget.						
Departmental Account Number:		Name of Department:				
Loss or Theft of Mobile Communication De		:				
Files containing confidential or sensitive data ma Confidential or sensitive data shall never be stor equipment are the responsibility of the employe Department. Employees are responsible for dea	red on a mobile on the contract of the contrac	device. Charges for rep equipment must be ir	pair or replacement of mediately reported	of personally owned to the OIT		
Mobile Communication Device Safety Telephone calling or utilizing mobile devices whi driving. Use of the device in any manner contract immediate termination of the College's allowance	ry to local, state,					
Fees for Contract Changes or Cancellation: The employee will be responsible for any and al service provider. For example, the employee res purposes.	II fees due to cha					
<b>Enforcement</b> Any employee found to have violated this policy reimbursement for a mobile communication dev termination of employment.						
I have read the above information regarding policy and had the opportunity to discuss a phone number may be published, and the also understand I am financially responsible I understand I may be asked to provide m	any usage que main intent of ble for any and	stions with my super the mobile communically all charges for this	ervisor. I underst nication device is mobile communic	and that my cell for business. I cation device plan.		

After appropriate approvals, please route to MS-1237 and allow 5 – 7 days for processing.

to notify the College immediately if I no longer have this service or if my phone is inoperable. I understand the

Employee signature: \_\_\_\_\_\_ Date: \_\_\_\_\_

Supervisor (For Option III, supervisor only approval needed):\_\_\_\_\_