



**Authorization for Business-Related Wireless Device**

Employee Name:		Phone Ext:
Home Address:		
City, State, Zip Code:		
Department:		<input type="checkbox"/> Employee owned device <input type="checkbox"/> University owned device

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

- 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.
- Employee is required to be accessible 24/7 in case of emergencies.

<i>Provide detailed business explanation to justify how policy requirements noted above have been met.</i>

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

Service Plan Reimbursement Period (ex. mm/dd/yyyy – mm/dd/yyyy):	-
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) Has the University reimbursed you for the purchase of a wireless device within the last two years? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>You are only eligible for device cost reimbursement due to an increase in use</i> )	\$
<b>Total Allowance Requested (device and plan):</b>	\$

<b>Wireless Priority Service (WPS) Allowance</b> ( <i>Approval from Emergency Services required</i> )	\$
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**Expense Chartfields (required)**

Business Unit	Account	Fund	Dept ID	Program	Proj/Grant	Class
	<b>604803</b>					
	<b>604803</b>					

**Terms:** Employee understands upon separation, Accounts Payable will review the current allowance for the potential of taxable income reporting. 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):** \_\_\_\_\_ **VICE PRESIDENT or DESIGNEE APPROVAL:** \_\_\_\_\_

_____	_____
Print Name	Date
_____	
Signature	

_____	_____
Print Name	Date
_____	
Signature	