**Request for a University Communication Device**

Undersigned employee has read, understands and accepts the provisions of the University’s Communication Devices Policy (A&O Manual, Section XX.XX).

 Employee Date Business Services – Review Date

 Budget Unit Head Date Dean, Executive Director Date

**SUBMIT COMPLETED FORM TO THE BUSINESS & SUPPORT SERVICES OFFICE, COLLEGE HALL ROOM 314.**

**SIGNATURES, REVIEW AND APPROVAL**

 **SPRINT PLAN**

Plan Name: Plan Price: $

Device: Device Price: $

** SUPPLEMENTAL COMPENSATION** Carrier:

Plan Name: Plan Price: $

Device: Device Price: $

**MONTHLY ALLOWANCE/PLAN AND DEVICE**

Provide specific details regarding this employee’s eligibility with regard to: 1) Employee’s job requires readily accessible frequent contact with public or University faculty, staff or students; **and**, 2) Employee’s job limits his or her access to regular land-line telephones, email or video phones that would satisfy the required business communication needs; **and** 3) the Department Chair, Dean, Executive Director or Vice President has the funds available for the device.

**BUSINESS JUSTIFICATION**

Date of Request: Department/Division:

Employee: VP/Phone:

Job Title: Dept Acct#

**EMPLOYEE INFORMATION**