

Device Approval Form

Employee: _____

Department: _____

GL Account #: _____

Cell Phone # (if known): _____

Device model:

Device Color:

Reason for phone:

Communication is necessary when the employee is not at his or her work location.

Communication is necessary when the employee travels.

_____ Communication is required during non-working hours.

Other: _____

Personal Usage: YES NO Monthly Payroll Deduction: \$6 \$12 \$24 \$36

Signatures: _____
Employee

Signing or Countersigning Authority*

*By signing this form, the signing authority or the countersigning authority, as the case may be, certifies that the specified account can cover the cost of the device and its related service fees. The department is responsible for the device for the entirety of the contract with the cell phone provider. Any device is to be returned to CSD upon leaving the University.

Computing services considers every planned purchase and will note below if the device requested is in accordance with University standards.

Date: _____

This purchase is Approved Not recommended

Name of CSD Employee: _____ Signature _____

If Computing Services does not recommend the purchase, it cannot proceed unless it is approved by the appropriate Vice-President.

This purchase is Approved Not approved for the following reason:

Signature of Vice President: