

Device Approval Form

Employee: _____ Department: _____

GL Account #: _____ Cell Phone # (if known): _____

Device model: _____ Device Color: _____ Device Storage (GB) _____

Reason for phone:

___ Communication is necessary when the employee is not at their work location.

___ Communication is required during non-working hours.

___ Other:

The undersigned employee acknowledges that they could be held responsible for device charges incurred for personal use. Current plan coverage is outlined in Para 6.1 of the Mobile Device Policy

Signatures: _____
Employee Signing or Countersigning Authority*

*By signing this form, the Signing Authority or the Countersigning Authority, 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: _____