

Cellular Telephone Authorization Request

Requestor Information:

Name of Requester: \_\_\_\_\_
Phone Number: \_\_\_\_\_
Department: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Request Date: \_\_\_\_\_

Number of Cellular Telephones Requested: \_\_\_\_\_
Estimated Cost of Cellular Telephone Acquisition: \_\_\_\_\_
Proposed Rate Plan(s) and Estimated Monthly Cost: \_\_\_\_\_
Budget Org: \_\_\_\_\_
(If federal grant or federal pass-through, must be specifically allowable cost on the grant.)

Justification:

Approvals (Requires approval by Dean Designee):

Dean (or designee): [ ] Approved [ ] Denied [ ] Approved with Changes Noted

Printed Name

Signature

Date

Vice President: [ ] Approved [ ] Denied [ ] Approved with Changes Noted

Printed Name

Signature

Date

**Cellular Telephone User Certification**

**Cellular Telephone Information:**

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Do one or more employees share this phone? Yes  No

If yes, each employee using the cell phone must complete and sign an attachment 2.

**User Certification:**

I certify that I have read and will comply with the applicable University Cell Phone Administrative Policy and Implementation Procedures.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This certification is to be maintained in the employee's department in accordance with the University's record retention policy and is subject to audit or compliance reviews.*