Request for Cellular Communication Device

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| *complete this form, print, obtain appropriate approval signatures and return*  |

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| **employee name**Click here to enter text. | **job title**Click here to enter text. | **my supervisor is**Click here to enter text. |
| **work phone**Click here to enter text. | **building & room no.**Click here to enter text. | **email @udc.edu**Click here to enter text. |
| **department**/**college**Click here to enter text. | **banner index code**Click here to enter text. | **banner fund code**Click here to enter text. | **banner account code**Click here to enter text. |
| **status**Choose an item. | **(specify if other)**Click here to enter text. |

**Device Requests**

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| --- | --- | --- | --- | --- |
| **type of request**Choose an item. | **type of device requested**Choose an item. | **device plan (monthly charge)**Choose an item. | **current device type (if upgrade)**Choose an item. | **phone no. (if upgrade)**Click here to enter text. |

**Justification for New or Upgraded Device**

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| Click here to enter text. |

**i certify that i will use the device requested for the business use designated above. i further certify that i have read, understood and intend to comply with the “university cellular telephone/wireless communication devices usage policies and procedures”.**

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| **signature:** | **print name:** | **date:** |

 **employee**

|  |  |  |
| --- | --- | --- |
| **signature:** | **print name:** | **date:** |

 **unit head**