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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**