

## CSU STANISLAUS WIRELESS DEVICES AUTHORIZATION FORM

This Wireless Device Usage Policy applies to employees who have been required by the University to carry a wireless device so as to be available to the University while away from campus and/or to use a wireless device as an integral, non-optional tool in performing their assigned duties. The decision of whether an employee is required to be available while away from campus or to use a wireless device while performing assigned duties is entirely up to the Vice President of his/her division. Completion of this form is required annually. **Stipends will be issued once per year upon submission and approval of this form.**

### UNIVERSITY EMPLOYEE INFORMATION:

Date of Request: \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Position/title: \_\_\_\_\_

Campus Telephone Number (extension): \_\_\_\_\_

CSU Stanislaus Department: \_\_\_\_\_ and Chart Field String (fill in below)

Account: \_\_\_\_\_ Fund: \_\_\_\_\_ Dept: \_\_\_\_\_ Program: \_\_\_\_\_ Class \_\_\_\_\_

Vice President Name: \_\_\_\_\_

Wireless Device/Usage Justification: *Provide specifics about the particular responsibilities that can only be accomplished with this wireless device. "Used for business purposes" is insufficient justification.*

#### **Option I: University-Owned Device**   *Sign below and send to Financial Services.*

*I have read, understood, and agreed to "CSU Stanislaus Policy Regarding Wireless Devices for Business Use." I understand that the device is used SOLELY for business purposes. No personal use of the device is permitted. I will certify each month's bill attesting that no personal use has been made of the device.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Option II: Personally-Owned Device**   **(Complete items below)**

Personal device acquisition and use:

Annual Service plan allowance    \$360.00    \$600.00    \$1,200.00

***Sign and send to Financial Services.***

**Terms:** *I have read, understood, and agreed to "CSU Stanislaus Policy Regarding Wireless Devices for Business Use." I understand that the device acquisition reimbursement and service plan expense stipend will be paid yearly in advance and be reported as taxable W-2 income. I understand that if I separate before the end of the year for which payment was received, I will be required to return the unused portion of the stipend and the W-2 for the calendar year of the refund will reflect the reduced amount*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**

Wireless number:

Provider: