



## 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 his/her MPP administrator. 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: \_\_\_\_\_ Phone/Ext.) \_\_\_\_\_  
 CSU Stanislaus Department: \_\_\_\_\_ and Chart Field String (fill in below)  
 Account: \_\_\_\_\_ Fund: \_\_\_\_\_ Dept: \_\_\_\_\_ Program: \_\_\_\_\_ Class: \_\_\_\_\_  
 Administrator 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 this form 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: \_\_\_\_\_  
 Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Personal device acquisition and use:  
 Device Allowance:  Phone \_\_\_\_\_ (up to \$100)  Phone/PDA \_\_\_\_\_ (up to \$300)  
 Annual Service plan allowance (domestic only)  Phone \_\_\_\_\_ (up to \$480/year)  
 Phone/PDA \_\_\_\_\_ (up to \$840/year)

**Sign and send this form 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.*

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

**Office use only**  
 Wireless number:  
 Provider: