

## 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. **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: \_\_\_\_\_

Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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."*

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. 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.*

*I have attached one actual monthly cell phone service invoice reflecting my base rate and certify that it is representative of what I will be paying in the succeeding 11 months.*

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

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

Received by Procurement: \_\_\_\_\_ Date: \_\_\_\_\_