

STANISLAUS STATE 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: _____

Stanislaus **State** 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 "Stanislaus State 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 "Stanislaus State 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: _____