



Wireless Communication Device
University Equipment or Plan
Request/Change Form

Section I: Type of Request

This form is a(n): [ ] Initial Request [ ] Change request [ ] Cancellation

Section II: Employee Information

Employee Name: \_\_\_\_\_ Penn ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Section III: Administrative Information

Budget Code To Be Charged:

Table with 4 columns: Department, Fund, Program, CREF

Enter equipment and plan description and anticipated cost:

Empty rectangular box for equipment and plan description

Business Rationale:

\_\_\_1) The job function of the employee (during the employee's normal working hours) requires considerable time outside of the assigned office or work area, and it is important to the University that the employee is accessible during this time.

\_\_\_2) The job function of the employee requires them to be accessible outside of scheduled or normal working hours (while at home, out of town, etc.).

If the employee's job responsibilities do not regularly meet the above IRS criteria for non-taxable University support, however the Division still deems there is a business rationale to support mobile costs, please complete the Cellular Device Allowance Plan Approval Form.

Cancellation Request for University Owned Devices/Plans:

Table with 2 columns: Effective Date of Cancellation, Reason for Cancellation

Section IV: Certification & Approvals

I agree that University-provided equipment and services are to be used for the efficient conduct of official University business, with only incidental personal use that incurs no expense to the University. I further understand that I am responsible for safeguarding the equipment and confidential information that the device may store or process. If the equipment is lost or stolen, I will immediately report the loss or theft of such equipment to my department.

If the University determines that there is no longer a business need for me to possess such equipment, I will return the equipment and/or discontinue the subsidy. Likewise, if I separate from the University, I will promptly return the equipment to my department. I understand that all forms of University electronic communications, including cell phone statements and text messages, are property of the University and potentially subject to disclosure.

I have read, and agree to abide by, the security and data integrity policies of the University.

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

I certify that the above justification is accurate and that this request is in compliance with the University's Mobile Device Policy.

**Signature of Supervisor:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date** \_\_\_\_\_

(Must be senior to the employee at organizational level of Dean, Vice Provost, Associate Vice President or above)

**This form is to be retained by the business office for the above Approver. Review of and re-approval of University owed devices and plans will occur periodically.**

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