University Provided Electronic Communication Device and Service Authorization

Employee Name					Employee ID#		
							Depart
*		*		*	*		
Vendor		AT & T					
Service Plan to	be activated (For Pr	ocurement Use	Only):				
Check	Description of Se	Description of Service				Monthly Cost	
	Communication Device Service						
	Data Service						
	Laptop Connect Card Service						
	Accessories to be p						
Check	Descri		Make	Mode	1	Cost	
	Ipad/It						
	* Ipho						
	Communica						
	Laptop						
	Laptop Cor	nect Card					
Justification:	Turnel Frankrig					the Late	
			tly travel or are ou				
			ers, or other Univ typically work in t				
-					Job sites	where access	
	to communication devices are not readily available. <i>Emergency Response</i> – Employees who need to be contacted and/or respond						
	event of an emergency or are required to be available during non-business hours. <i>Other</i> – Provide justification below: Device will be used for iDesk application for AIM						
	maintenance system.						
	These devices are to used for personal re- may result in cancel and disposition of th property of the Univ If the University det return the device. Li my department. I ur property. I am responsible for In the interest of saf compliance with cur	be used solely for of asons as this may res lation of the service of is University-owned ersity and potentially ermines that there is kewise, if I separate aderstand that the pl safeguarding the de rety, I will exercise ap rent state laws while	ficial University busin suit in full taxation of and return of the devid device, including com y subject to disclosure no longer a business from University empl hone number that is a vice, including any da opropriate care and ca e using a Communicat ceed to a safe locatio	the value of the ce. All records re- munication devi under the Oklal need for me to oyment, I will pr ssigned to me w ta on the equipr nution while usir lons device in a	wireless dev lated to the ce billing sta homa Open possess such omptly retu vill remain the ment, and co ng this devic motor vehic	vice/service and purchase, use, atements, are the Records Act. In device, I will rn the devices to ne University's ontrolling its use. e, and I will be in ile. If I receive a	

Employee Signature Date	Date
Supervisor Signature Title	Date
y signing this document I certify that I have reviewed the service request and appr	ove activation of the requested communication device

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Approval Signature	T
(Required for University Provided Electronic Communication Device	۱
and/or Data and/or Laptop Connect Card Service and Equipment	l