



REQUEST FOR OTHER MOBILE COMMUNICATION DEVICES

Form is to be completed prior to the beginning of each fiscal year (July 1 – June 30).

EMPLOYEE INFORMATION

NAME: _____

EMPLOYEE ID#: _____

DEPARTMENT: _____

BUDGET NUMBER: _____

DESCRIPTION OF BUSINESS NEED

Verizon MiFi Wireless Device (\$40.01/month) Amount: _____

Type of Other Mobile Communication Device: _____ Amount: _____

Employee must provide a detailed explanation as to why he/she is making the request.

TIME PERIOD OF REQUEST

Request can only be made on a yearly basis and is to be submitted prior to the beginning of each fiscal year.

YEARLY Fiscal Year: _____

SIGNATURE

By signing this document, I acknowledge that I have reviewed the Allowance for Cellular Phone or Other Mobile Communications Devices Policy (4.39.1). I acknowledge that this request may be denied. I acknowledge that the other mobile communication device will be deducted from the specified budget number listed on this form on a monthly basis.

Employee: _____

Date: _____

APPROVAL SIGNATURES

Supervisor: _____

Date: _____

Approve: Yes No

Vice President: _____

Date: _____

Approve: Yes No

College President: _____

Date: _____

Approve: Yes No

Financial Services Director: _____

Date: _____

Funds Available: Yes No

ADDITIONAL COMMENTS