MISSISSIPPI VALLEY STATE UNIVERSITY

CELLULAR PHONE / MOBILE WIRELESS HOTSPOT REQUEST

Date: _____

Employee: _____ **University ID #:** _____

Department: _____ **Job Title:** _____

E-mail Address: _____ **Dept. Phone Number:** _____

Type of Device/Service Requested: [ ] Cellular Phone   [ ] Mobile Wireless Hotspot

Name of Budget/Grant: _____**Banner Org Number:** _____ **Grant Period:** _____

Description of Usage: _____

Section A: Justification of Business Need
Check all that apply:

[ ]The duties of the position may lead to potentially dangerous situations with no other   acceptable or reliable means of communication.

[ ]The duties of the position require that the employee work regularly in the field and be   immediately accessible.

[ ]The duties of the position require immediate emergency response in critical situations (police   or emergency responder) or for operational support of critical infrastructure (telecommunications, computer or network responder).

[ ]The duties of the position require a significant amount of travel related to official university   business while maintaining access to information technology systems that render the employee more productive and/or result in more effective service provided by the employee.

[ ]The duties of the position require immediate executive response and decision making to life- threatening or public safety issues and situations.

[ ]The President of the University deems it necessary to ensure the flow of information and   critical support of the university mission.

Section B: Employee Acknowledgement and Acceptance

I,_____, acknowledge that I have reviewed the MVSU Mobile Wireless Communications Policy Statement and that I understand the provisions of the Policy Statement. Failure to comply with this Policy Statement could result in revocation of the device. In addition, I UNDERSTAND THAT I AM NOT TO USE THIS DEVICE(S) FOR PERSONAL USE. THIS MEANS THAT I CANNOT PLACE OR RECEIVE PERSONAL CALLS OR CONDUCT PERSONAL BUSINESS ON THIS PHONE OR WIRELESS HOTSPOT FOR ANY REASON.

_____
Employee Signature   **Date**

Section C: Approvals / Denials (Sign in appropriate area and check decision)

Department Head	[ ] Approved	[ ] Denied	**Budget Officer**	[ ] Approved	[ ] Denied
Area Vice President	[ ] Approved	[ ] Denied	**VP for Business and Finance**	[ ] Approved	[ ] Denied
OSP / Title III / Private Grants	[ ] Approved	[ ] Denied	**President**	[ ] Approved	[ ] Denied

TO BE COMPLETED BY TELECOMMUNICATIONS ONLY

Cellular Phone# / Device Name: _____   **Plan Activated on Phone/Device:** _____

Type of Phone/Device: _____   **University Property #:** _____

Cost/Value of Phone/Device: _____   **Verified by:** _____