



The University of Texas of the Permian Basin Wireless Communication Device Authorization Form

Employee Name: _____

Employee UT EID: _____

Department: _____

Job Title: _____

Device Type (Requested/Owned): Cell Phone Smart Phone Air Card

Device Telephone #: _____
(If Device is currently Owned by UTPB)

Employee Eligibility - The above employee meets the following documented official state business needs for a wireless communication device (all budget heads must obtain supervisor approval for eligibility):

- Frequently engages in work-related travel Frequently out of the office on University business Key personnel needed for technical support or in the event of an emergency

Other (describe): _____

State-Provided Wireless Communication Device Acct #: _____

Authorized Plan Level and Approval.

- Small Medium Large Special (Attach Justification)

Approved: _____
Supervisor Date Vice President Date

Approved: _____
President Date

Reimbursement For Business Use Of Personal Equipment Acct #: _____

- Authorized for monthly reimbursement.

Approved: _____
Vice President Date President Date

By signing this document, the employee acknowledges they have been provided a copy of the wireless communication device policy, they understand the specified arrangement is being provided because of an official state business need, and they agree to provide their wireless phone number and to be accessible through this communication equipment. The employee further understands the necessity for the arrangement will be evaluated periodically. Continuance or termination of the arrangement is contingent upon continued business need and compliance with published policy.

If, at any point during this contract, there is no longer a business need for a wireless communication device, it is the responsibility of the employee's supervisor to notify the UTPB Information Resources Division.

Employee Signature: _____ Date: _____ FISCAL: _____