

and potentially subject to disclosure.

## **Wireless Communication Device University Equipment or Plan** Request/Change Form

Section II: Employee Information	Section I: Type of Request  This form is a(n): Initial	Paguest Change requi	est Cancellation		
Employee Name:		request change requi	est Cancellation		
Department:  Section III: Administrative Information  Budget Code To Be Charged:  Department Fund Program  Enter equipment and plan description and anticipated cost:  Business Rationale:  1) The job function of the employee (during the employee's normal working hours) requires consioutside of the assigned office or work area, and it is important to the University that the employee is this time.  2) The job function of the employee requires them to be accessible outside of scheduled or norm (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 however the Division still deems there is a business rationale to support mobile costs, please complete the Allowance Plan Approval Form. For more information on the University policy, please visit here.  Cancellation Request for University Owned Devices/Plans:  Effective Date of Cancellation Reason for Cancellation  Section IV: Certification & Approvals  agree that University-provided equipment and services are to be used for the efficient conduct of official University noticental personal use that incurs no expense to the University. I further understand that I am responsible for safeg equipment and confidential information that the device may store or process. If the equipment is lost or stolen, I will he loss or theft of such equipment to my department.			Penn ID:		
Section III: Administrative Information					
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iscontinue the subsidy. Likewise, if I separate from the University, I will promptly return the equipment to my depart					

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

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

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	l 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.

An Equal Opportunity/Affirmative Action University