



Wireless Communication Device
University Equipment or Plan
Request/Change Form

Section I: Type of Request

This form is a(n): [ ] Initial Request [ ] Change request [ ] Cancellation

Section II: Employee Information

Employee Name: \_\_\_\_\_ Penn ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Section III: Administrative Information

Budget Code To Be Charged:

Table with 4 columns: Department, Fund, Program, CREF

Enter equipment and plan description and anticipated cost:

Empty text box for equipment and plan description

Business Rationale:

- 1) The job function of the employee... requires considerable time outside of the assigned office...
2) The job function of the employee requires them to be accessible outside of scheduled or normal working hours...

If the employee's job responsibilities do not regularly meet the above IRS criteria for non-taxable University support, however the Division still deems there is a business rationale to support mobile costs, please complete the Cellular Device Allowance Plan Approval Form.

Cancellation Request for University Owned Devices/Plans:

Table with 2 columns: Effective Date of Cancellation, Reason for Cancellation

Section IV: Certification & Approvals

I agree that University-provided equipment and services are to be used for the efficient conduct of official University business, with only incidental personal use that incurs no expense to the University.

If the University determines that there is no longer a business need for me to possess such equipment, I will return the equipment and/or discontinue the subsidy.

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

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

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 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.**

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