

Attachment A: Mobile Communications Equipment Request

Employee Name: _____

Department: _____ Index No.: _____

Campus: _____ Building: _____ Room No.: _____

Office Phone: _____ New Service _____ or Change to existing _____

Type of Service Needed: ___ Two-way Radio _____ Mobile Telephone

For mobile telephone, Calling Plan _____ Minutes

Justification for Service : _____

Employee* _____ Date: _____

Supervisor: _____ Date: _____

Dean or Director: _____ Date: _____

Information Systems _____ Date: _____
Representative

Vice President or _____ Date: _____
Executive Vice President

For Telecommunications Department

Equipment Assigned: _____ Mobile No. (if applicable): _____

Date: _____ By: _____

****I have read a copy of the policy and I agree to adhere to it.***