

**Wireless Communication Program
Authorization Form**

Cougar ID:
Division / Dept:
Full Name:
Job Title:

Mobile Phone Number¹:

Terminate stipend program²

Terminate college provided service²

STEP 1: Complete Stipend Program or College Provided Service

Stipend Program
Check one selection: New stipend request Reauthorize stipend participation Switch to stipend from college provided phone Request to modify service level or options
Check all required services: Voice Data
Check all required options: Text messaging Direct Connect ³ Email/Calendar integration ⁴

College Provided Service
Check one selection: New service Reauthorize college provided Switch from stipend to college provided Request to modify service level or options
Check all required services: Direct Connect Voice Voicemail Data
Check all required options: Text messaging Direct Connect Email/Calendar integration ⁴

STEP 2: Justification

User Type:	24 x 7 availability	System support	Mobile user
		Internal Communications	Infrequent user
Explain why the requested service is necessary:			

Requested Start Date _____

Service / Program End Date _____

¹Enter the phone number of the device that is approved by this form. If voice service is not paid for by the college, or if the number of new service is not known, this field may be left blank. However, your supervisor and the IT Support Center MUST be given the phone number of any phone receiving a College stipend for voice as soon as it is available.

² This Program may be terminated by either the employee or the supervisor. Only the supervisor's signature is required. The rest of this form may be left blank. College provided phones must be returned to the IT Support Center with the form.

³ The phone must use the same carrier as the college. Contact the IT Support Center for specific information.

⁴ Consult the IT Support Center for approved devices and carriers. Server license fees may apply. Department budget transfer may be required.

STEP 3: Obtain all the required signatures of approval then forward completed form (*electronically*) to the IT Support Center.

Wireless Communication Program

To determine the stipend amount, supervisors and employees should work together to research the appropriate level of service required to accomplish their job responsibilities. Stipend amount guidelines and other wireless service details are provided in the Wireless Communication Program. A copy of the program can be obtained by calling the IT Support Center.

Employee Certification and Signature

I certify that the requested funds will be used toward the cost for the business use of the wireless communication device listed above. I have read, understand and agree to comply with the Wireless Communication Program guidelines in their entirety. I understand that this stipend will be included on my W-2 form as taxable income. I further certify that should the business usage significantly decline for a sustained period, that I will notify my supervisor in writing, as soon as practicable.

Employee Signature	Employee Name (Printed)	Date
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Supervisor Certification and Signature

I certify that the requested reimbursement is the most cost-effective way to answer the business need of the college to cover work-related use of the wireless device listed above. I have read, understand and agree to comply with the Wireless Communication Program guidelines.

Immediate Supervisor Signature	Immediate Supervisor (Printed)	Date
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Dean/Director Signature	Dean/Director (Printed)	Date
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Cabinet Member Signature	Cabinet Member (Printed)	Date
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For Office Use Only:

Date College provided device returned: _____ Ticket #: _____

Effective Start Date: _____ End Date: _____ No. of Service Months: _____

Total Fiscal Year Budget: _____ Processor Initials: _____

Special Instructions: _____

Payroll Processor Initials: _____ Date Processed by Payroll: _____