THE UNIVERSITY OF MISSISSIPPI
WIRELESS COMMUNICATIONS DEVICE ISSUANCE REQUEST

EMPLOYEE: _____ _____
(NAME) *(EMPLOYEE ID NUMBER)*

DEPARTMENT*:* _____ WIRELESS NUMBER: _____

WEB ID/E-MAIL_____

HOME TELEPHONE NUMBER: _____

UM PROPERTY NUMBER & DESCRIPTION: _____

WIRELESS PLAN: _____

WIRELESS VENDOR: _____

JUSTIFICATION OF NEED:

On-Call and After Hours Support Personnel (*Employees who are on-call for emergency maintenance or support after-hours and/or on weekends/holidays*) _____

Member of the University Crisis Management Team _____

Other (*Must justify fully*): _____

_____

_____

PROFIT CENTER
TO BE CHARGED _____

PURCHASE
ORDER NUMBER:_____

(A purchase order must be received from Procurement Services prior to obtaining the device.)

SIGNATURES: ***The undersigned acknowledges that they have read and understand the University Wireless Device Policy. By signing this statement, the employee states that he/she will comply with university policy. Non-compliance of this policy could result in disciplinary action by the University which could lead to termination.***

Signature of person required. Do not sign another person's name and initial.

Requested: _____ Approved: _____
Employee ***Departmental Director/Chair***

Approved: _____ Approved: _____
Dean ***Chancellor or Vice Chancellor***

DATE ISSUED _____ DATE RETURNED _____

Completed form must be retained within department for audit purposes.

A copy of the completed form must be faxed to Telecommunications (7010).