

New or Renewal Plan
 Change Plan
 Terminate Plan
 Date: _____

Employee Name:	Employee Name, MI:	WUID:
Employee Title:	Employee Telephone Number:	Employee Email:
Department:		Address:
Supervisor:	Supervisor Telephone Number:	Mobile Device Number:

Department:	Account:	Stipend Start Date:	Stipend End Date:
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<input type="radio"/> Tier 1: \$25, 10+ Business Hours Week* <input type="radio"/> Tier 2: \$50, 20+ Business Hours Week* Tier 1 and 2 include data, voice and text messaging *Indicates number of business hours using personal device weekly. <input type="radio"/> Other: (Amount)	<input type="radio"/> Senior Level Employee Employee who must be available 24/7 <input type="radio"/> Safety Requirement/First Responder <input type="radio"/> Job Function Requires regular accessibility or on call outside normal working hours.
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(Brief Description of Job Duties)

I understand that I will be responsible for my device purchase and will not be reimbursed for any amount of device purchase and/or Data service provider of my choice. I understand that I will be responsible for my device purchase and will not be reimbursed for any amount of device purchase.

Employee:	Date:	Supervisor:	Date:
Dept. Chair/Director/Dean:	Date:	Vice President:	Date:
Vice President for Finance and Administration:	Date:	Grant Accounting (As Required):	Date:
UofTech Telecommunications:	Date:	Forward Completed Form to University Technology/Telecommunications along with a Current Copy of Your Complete Mobile Device Bill. Form will not be processed until all signatures/documentation are received.	