The University of Mississippi
Wireless Communications Device Issuance Request

Requesting Employee Name: __________________________________________________________

Web ID/Email: ___________________________ Date: _____________________________

Requesting Department: ____________________________________________________________

Cost Center: _______________________________________________________________________

Device and Data Plan Requested: _____________________________________________________

Justification of need:

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

( ) Member of the University Crisis Management Team

( ) Other---must provide justification and explanation of intended use

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.

Requested: ___________________________ Date: __________ Approved: ___________________________ Date: __________

Employee

Department Director/Chair

Approved: ___________________________ Date: __________ Approved: ___________________________ Date: __________

Dean/Vice Chancellor

Vice Chancellor Administration & Finance

Completed form must be retained within department for audit purposes. A copy of the completed form must be emailed to telcom@olemiss.edu or faxed to Telecommunications (7010).