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: _____

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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

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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).

Rev.: 11/18/2022