

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: _____

(If the device is purchased from a source other than the state contract approved vendors, the user understands that cellular service cannot be activated on the device without prior UM and Telecommunications approval.)

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).