

**Stephen F. Austin State University
Cellular Telephone Request and Justification Form**

Employee Name: _____ **Campus ID:** _____

Department: _____ **Job Title:** _____

Justification for issuance of cellular telephone or wireless communications device: _____

Description of cellular telephone/wireless communications device and plan(s) requested: _____

All charges for cellular telephone and wireless communications devices are the responsibility of the department.

Employee's Certification and Signature:

I understand this is an official Stephen F. Austin State University provided communication device. Unauthorized use is prohibited, usage may be subject to security testing and monitoring, misuse is subject to criminal prosecution, and there is no expectation of privacy except as otherwise provided by applicable privacy laws. As such, I certify that I have read, understand, and will comply with SFA's **Cellular Telephones and Wireless Communication Devices Policy (F-42)** and **Communication Services Policy (F-29)**.

Signature: _____ **Ext to call for pickup** _____ **Date:** _____

Supervisor's Certification and Signature:

I certify that the requested cellular telephone/wireless communications device is needed for this employee to conduct official university business. I authorize charges for the cellular telephone/wireless communications device to be paid from the departmental account listed below. I have read, understand, and will comply with SFA's **Cellular Telephones and Wireless Communication Devices Policy (F-42)** and **Communication Services Policy (F-29)**.

Account number to charge: _____

Signature: _____ **Date:** _____

Vice President or President's Approval

I authorize issuance of the cellular telephone or wireless communications device:

Signature: _____ **Date:** _____

Equipment Receipt:

This device, _____, was picked up by:

Signature: _____ **Date:** _____

Please send completed form to: Susan Dykes of Telecommunications and Networking, Box 6095