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

<table>
<thead>
<tr>
<th>Employee Name: ___________________</th>
<th>Campus ID: ___________________</th>
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<tbody>
<tr>
<td>Department: _____________________</td>
<td>Job Title: ___________________</td>
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**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