

**Mobile Communication and Information Device (CID) Request Form  
Group I Employees**

University of Kansas, Lawrence

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Recommended for the following service:**

Effective Date: \_\_\_\_\_ (Pay period for which payment should begin)

Voice Only  (\$25/Pay Period)    Data Only  (\$30/Pay Period)    Voice and Data  (\$50/Pay Period)

**Funding:**

Dept ID/Org: \_\_\_\_\_ Fund: \_\_\_\_\_ Project/Scenario: \_\_\_\_\_  
(7 digits) (grant or reimbursable)

**Because of the nature of my responsibilities, I am expected to be immediately accessible at all times and may require immediate access to email, internet service, and text messaging capability. I understand that by May 1 of each year my supervisor will review my eligibility for continuation as a Group 1 employee during the following fiscal year. I further understand that my status as a Group 1 employee may be rescinded if my duties change.**

Employee signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify that this employee's responsibilities require that he/she be immediately accessible at all times and may require immediate access to email, internet service, and text messaging capability. I recommend that he/she be approved for CID service as a Group I employee.**

Supervisor's signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I approve this request.**

Dean, Director, or Vice Provost Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**Cancellation:** Effective Date: \_\_\_\_\_ (Pay period for which payment should end)

I hereby cancel the authorization for CID service for the Group I employee listed above.

Dean, Director, or Vice Provost Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Send completed form to: Payroll, Room 147, Carruth O'Leary Hall**

Revised (2/09/12)