

**Mobile Communications Information Device (CID) Request Form
Group 2**

Date _____

Individual Responsible for CID

Name _____

Job Title _____

Department _____

Campus Address _____

Telephone _____

Email _____

Type of CID request Existing Service New Service Voice Only Data Only Voice & Data

CID device number if requesting approval for existing service _____

Device assignment (check one) Individual Above Department (Shared device)

Select from the reasons below why the cellular device is required. Detailed explanations and examples must be included for each justification selected.

(Select all that apply).

The majority of the job activities are "in the field" where business either cannot be conducted on a landline telephone or it is inefficient to use a landline telephone. **REMINDER:** In accordance with IRS regulations, more than de minimis personal use of an employer-provided cell phone is prohibited. Employees assigned a university owned phone are therefore expected to carry a separate individually owned CID if needed for personal usage.

The employee's responsibilities periodically require travel or immediate contact availability. The department requests a cellular device that can be shared among staff members depending on their assignments.

Other--Explain below in detail.

Explanations and examples required for all requests (attach additional pages if necessary).

Employee Signature (if assigned to employee) _____

Dept. Contact Person _____ Title _____

Dept. Contact Phone _____ Dept. Contact Email _____

Dean, Director, or Vice Provost Signature _____

Send completed form to: Payables Room 20, Carruth O'Leary Hall