

**WIRELESS COMMUNICATION STIPEND REQUEST
FORM**

Employee Name (Print): _____

Employee Title: _____

Justification of Business Need (*check all that apply*):

- The duties of the position may lead to potentially dangerous scenarios and situations with no other acceptable or reliable means of alternative communications
- The duties of the position require that the employee work regularly in the field and need to be immediately accessible
- The duties of the position require a significant amount of travel during regular work hours or outside normal hours but related to official university business and access to information technology systems, which in the judgment of the university, render the employee more productive and/or the service the employee provides more effective
- The duties of the position require response and decision making to life-threatening or public safety issues and situations
- The duties of the position are such that immediate emergency response is critical (executive, police, or emergency responder) or the employee is responsible for critical infrastructure or operational support and needs to be immediately accessible at all times
- The President deems it necessary to ensure the flow of information and critical support of the university mission

I have read and understand the wireless communication device policy. My signature signifies agreement with the outlined employee responsibilities:

Employee Signature: _____

Date: _____

Cabinet – Level Approval: Approved Not Approved

Name: _____ Department: _____

Signature: _____ Fund Center(s) for Stipend: _____

Date: _____

For Human Resources Use Only: Date Received: _____