WCU
WEST CHESTER
UNIVERSITY

WCU MOBILE WIRELESS COMMUNICATIONS DEVICE
JUSTIFICATION AND ACKNOWLEDGEMENT REQUEST FORM

Employee Name (Print): _____

Employee Title: _____

Supervisor Name: _____

Section A: Justification of Business Need

[ ] The duties of the position may lead to potentially dangerous situations with no other acceptable or reliable means of communication.

[ ] The duties of the position require that the employee work regularly in the field and be immediately accessible.

[ ] The duties of the position require immediate emergency response in critical situations (police or emergency responder) or for operational support of critical infrastructure (telecommunications, computer or network responder).

[ ] The duties of the position require a significant amount of travel related to official university business while maintaining access to information technology systems that render the employee more productive and/or result in more effective service provided by the employee.

[ ] The duties of the position require immediate executive response and decision making to life threatening or public safety issues and situations.

[ ] The President of the University deems it necessary to ensure the flow of information and critical support of the university mission.

Employee Signature: _____ Date: _____

Approval / Acknowledgement

Employee Name: _____ Department: _____

Please check one: ******Equipment charges apply for all new equipment purchases and equipment upgrades. Device Price Ranges ($299 - $ 699)***

☐ New Service

☐ Equipment Upgrade: Cell Phone Number _____

Carrier: ☐ ATT ☐ Verizon

Device Requested:

☐ Basic Cell Phone ☐ Apple iPhone ☐ Android (Samsung Galaxy) ☐ Internet Device

Approved Options (✓)		Plan ID	Monthly Rate Plan ***
	Voice 200 min / texts 200 (no data)	1	$26.00
	Unlimited Data/Unlimited Text/Voice 400	2	$55.00
	Internet Device (Laptop Aircard or Mobile Hotspot device)	3	$40.00
	International Roaming	4	additional
	Other (accessories)	5	additional

**** Rate Plan pricing is based on current voice, data and text package plans available to the University under current Commonwealth of Pennsylvania contracts for mobile wireless communications services is subject to change****

Funding Org No.: _____

Approvals:

Employee Signature: _____Date:_____

Supervisor Signature: _____Date:_____

Dept. Head/Chair Signature: _____Date: _____

Funding Org Manager Signature: _____Date: _____

Upper Management / Departmental Approvals

Vice President or Dean: Printed Name: _____

Signature: _____Date:_____

Networking & Telecom: Printed Name: _____

Signature: _____Date:_____