

Personal Communication Device Agreement Form

Use this form to provide information that would document the eligibility requirements for CWU supported personal communication devices. This authorization must be initiated by the employee's supervisor and reviewed by the Appointing Authority and Vice President where applicable.

Part 1 Employee and Funding Information

Name	<input type="text"/>	CWU ID #	<input type="text"/>	Office Phone	<input type="text"/>
Job Title	<input type="text"/>	Department	<input type="text"/>	PID to charge	<input type="text"/>
Budget Authority Name	<input type="text"/>	Budget Authority Signature/Date			

Provide the valid business need for a university owned or personally owned device allowance, or acknowledge waiver of monthly allowance.

Part 2 Device Option

Select Personal Communication Device option. (to be completed by Supervisor)

OPTION 1: Request for a new university owned device (Must complete [Cell Phone Request](#) form, then go to Part 4)

 OPTION 2: Request for a personally owned device allowance (Must complete PAF, and Parts 3 & 4)

Part 3 Service Level/Allowance Request (to be completed by Supervisor & ITS Department)

Select the appropriate service level/allowance (annotate if allowance is being waived in Section 1)

Service Level 1: Voice only service (\$30/month) No Actively Sync Service available
 Service Level 2: Data ONLY (\$30/month) Actively Sync: No Yes (Requires additional annual fee/VP signature)
 Service Level 3: Voice/Data Service (\$60/month) Actively Sync: No Yes (Requires additional annual fee/VP signature)
 Service Level 4: Actively Sync ONLY (NO allowance) (Requires additional annual fee/VP signature)

Requested Start Date (Must correspond with pay period start)

Device type: Blackberry iPhone Windows Android Other (specify)

Service Provider

Will university owned device be transferred to employee? Yes No

Phone Number Value to reimburse CWU (to be determined by ITS Department): \$

ITS Recommendation: Approve Disapprove Signature: _____

Comments

Part 4 Authorization

Employee: I have read and understand University Policy 2-2.93 and Procedure 3-20-122 for Personal Communication Devices.

Name (print)	Signature	Date
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Supervisor: I have read and understand University Policy 2-2.93 and Procedure 3-20-122. I certify that the above named employee meets the criteria for eligibility.

Name (print)	Signature	Date
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Appointing Authority: I approve this request for the above named employee.

Name (print)	Signature	Date
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Vice President (Required for Actively Sync Service)

Name (print)	Signature	Date
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