WIRELESS COMMUNICATION REQUEST

I. Wireless Communication Authorization

EMPLOYEE: _____ _____
Name *MSU ID Number*

_____ _____
Department *Title*

OFFICIAL BUSINESS NEED:

- ❒ **On-Call and After-Hours Support** *(Employees who are on-call for emergency maintenance or support outside of normal university business hours)*
- ❒ **Crisis Management** *(Employees tasked with responsibilities by OP 01.4, Emergency Operations Policy)*
- ❒ **Other Critical Needs as Approved by the President** *(Describe fully; attach separate sheet if needed)*

_____

Recommended: _____ _____
Department Head *Date*

Recommended: _____ _____
Dean/Director *Date*

Recommended: _____ _____
Vice President *Date*

Approved: _____ _____
President *Date*

II. Wireless Communication Procurement Information

WIRELESS DEVICE: _____ _____
(Example: Nokia 6255i) Cost

WIRELESS PLAN: _____ _____
(Example: Free Incoming 300) Monthly Cost

WIRELESS PROVIDER: _____
(Must be on Mississippi Department of Information Technology Services approved vendor list)

NOTE: DETAILED BILLING MUST BE APPLIED TO EACH WIRELESS ACCOUNT FOR AUDIT PURPOSES

MSU REQUISITION NUMBER: _____

By their signature, the employee and department head acknowledge that they have read and understand the policy for Wireless Communication Devices and Plans, OP 01.15, that they have selected the lowest cost device and plan that will meet University business requirements, and that the device will be used only for official university business with ***no*** personal use. The employee must also sign a copy of OP 01.15, acknowledging its requirements and stipulations, and have the signed copy placed in the employee's departmental file for audit purposes.

Acknowledged: _____ _____
Employee *Date*

Acknowledged: _____ _____
Department Head *Date*

Distribution:
Original – Procurement and Contracts, Mail Stop 9718 / P.O. Box 5307
Copy – Property Control, Mail Stop 9605 / P.O. Box 6177
Copy – Employee's Departmental File

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