CENTRAL WASHINGTON UNIVERSITY

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 _____ CWU ID # _____ Office Phone _____

Job Title _____ Department _____ PID to charge _____

Budget Authority Name _____ Budget Authority Signature/Date _____

Part 2 Business Justification (to be completed by Supervisor)

Provide the valid business need for a university owned or personally owned device allowance.

Part 3 Device Option

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

☐ OPTION 1: University owned device (proceed to Part 5) ☐ OPTION 2: Personally owned device allowance (proceed to Part 4)

Part 4 Service Level/Allowance

Select the appropriate service level/allowance

☐ Service Level 1: Voice only basic service ($35/month) No Enhanced Service available

☐ Service Level 2: Voice only extended service ($50/month) No Enhanced Service available

☐ Service Level 3: Voice/Basic Data ($70/month) Enhanced Service: ☐ Yes ☐ No (Requires an additional annual fee)

☐ Service Level 4: Voice/Extended Data ($90/month) Enhanced Service: ☐ Yes ☐ No (Requires an additional annual fee)

Requested Start Date _____ (Must correspond with pay period start)

Device type: ☐ Blackberry ☐ iPhone ☐ 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): $ _____

Part 5 Authorization

Employee: I have read and understand University Policy XYZ and Procedure ABC for Personal Communication Devices.

Name (print) _____ Signature _____ Date _____

Supervisor: I have read and understand University Policy XYZ and Procedure ABC. I certify that the above named employee meets the criteria for eligibility.

Name (print) _____ Signature _____ Date _____

Appointing Authority: I approve this request for the above named employee.

Name (print) _____ Signature _____ Date _____

Vice President (Required for Enhanced Data Service only): Employee meets eligibility for Enhanced Data Service.

Name (print) _____ Signature _____ Date _____