

# Cellular Authorization Request Form

Employee Name \_\_\_\_\_ Effective Date of Request \_\_\_\_\_

Department \_\_\_\_\_ Campus Phone Number \_\_\_\_\_

Justification \_\_\_\_\_

Examples: Emergency Response, 24/7 availability, must perform university business from off campus, maintains mission critical systems

**(One-time) Equipment reimbursement is based on 75% of the averaged equipment cost of Verizon, AT&T, and Sprint.**

The current averages are:

Basic Phone (voice)	\$117.00	x.75=	\$88.00
Smart Phone (both)	\$438.00	x.75=	\$329.00
Hotspot (data)	\$167.00	x.75=	\$126.00

**Service reimbursement will be reimbursed quarterly. Reimbursement will be based on actual billed amounts up to the levels listed below.**

Basic Phone (voice)	\$126.00 per quarter
Smart Phone (both)	\$225.00 per quarter
Hotspot (data)	\$159.00 per quarter

Equipment reimbursement: \_\_\_\_\_

Quarterly Service reimbursement: \_\_\_\_\_

**By signing this document, the appropriate administrator and the employee acknowledge that they have read and agreed to abide by CSUB's Cellular Services Policy.**

**Level 1 confidential data cannot be used or stored on cellular equipment**

Employee's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Dean/Dept Manager's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Cabinet Officer's Signature: \_\_\_\_\_ Signature: \_\_\_\_\_