



Request for Issuance of a Wireless Communication Device

Name: _____ Department: _____

Mail Sort Code: _____ E-Mail Address: _____

Type of Device Requested:

- Radio
- Cell Phone (no radio function needed)
- Cell/Radio
- Wireless Card

*Employee Signature Date

*Employee agrees to the following terms for issuance of a wireless device:

- User shall not transfer or loan device to another CSN employee without the explicit approval of the Director of Auxiliary Services.
- User agrees to use the device for College-related business and to reimburse the College for any personal usage billed to the device. Supporting documentation of personal phone call reimbursements must be maintained in the departmental files for a period of three years and must include a copy of the detailed phone charges and a copy of the reimbursement receipt.
- Upon termination of employment or if the device is no longer being used, user will immediately return the device to the Auxiliary Services Office.
- In the event of loss, user agrees to reimburse the College for the replace cost of a new device of the same type. In the event of damage to the device, user agrees to pay for the cost to repair the device.
- User agrees to immediately notify the Auxiliary Services Office if the device is lost.

**NOTE: The Wireless Communication Device Policy requires approval as follows:
The approval of the Director or Department Manager is required for issuance of a radio.
The approval of the Vice President is required for issuance of a cell phone, cell/radio or wireless card device.**

Signature of Director of Department Manager (for radio) Date

Signature of Vice President (for cell phone, cell/radio or wireless card) Date

Return approved form to Auxiliary Services N1A

For Auxiliary Services Use Only:

Description of Device:

_____/_____/_____/_____
 (Cell/Cell-Radio/Radio/Wireless Card) Model # Vendor Device # (including radio if applicable)