

The University of Mississippi
Wireless Communications Device Issuance Request

Requesting Employee Name: _____

Web ID/Email: _____

Requesting Department: _____

Cost Center: _____

Justification of need:

On-Call and After Hours Support (Employees who are on-call for emergency maintenance or support after-hours and/or on weekends/holidays)

Member of the University Crisis Management Team

Other—must provide justification and explanation of intended use

Signatures: The undersigned acknowledges that they have read and understand the University Wireless Device Policy. By signing this statement, the employee states that he/she will comply with university policy. Non-compliance of this policy could result in disciplinary action by the University which could lead to termination.

Requested: _____ Approved: _____
Employee *Department Director/Chair*

Approved: _____ Approved: _____
Dean/Vice Chancellor *Vice Chancellor Administration & Finance*

Completed form must be retained within department for audit purposes. A copy of the completed form must be emailed to telcom@olemiss.edu or faxed to Telecommunications (7010).