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).