**Lehigh University Mobile Device Support Form**

**Employee Name:**Click here to enter text. **LIN:**Click here to enter text.

**Job Title:** Click here to enter text. **Phone Ext:**Click here to enter text.

*Note: Nonexempt staff must attach evidence of approval from the Office of Human Resources.*

*Charge cell phone service to Banner account code* ***72440****, Cell phone equipment to* ***73320.***

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**Complete for Support of Cell Phone**

**Type of Support Requested (Choose from drop down menu):** Choose an item.

**If requesting subsidy, enter monthly subsidy requested (see policy guidelines):** Click here to enter text.

**If requesting University phone and plan, enter equipment and plan description and anticipated cost:**Click here to enter text.

**Explain justification for above-standard subsidy, equipment or plan:**Click here to enter text.

**Reason for University support of cell phone (select at least one):**

[ ] 24/7 access employees: day-to-day job responsibilities routinely require response to urgent (immediate action required) University business at any time of day or night (e.g. safety issues, media requests, on-call server operations, etc.)

[ ] Mobile employees: job requires routine field work from remote locations and the need to communicate real time with office or constituents to give or receive direction

[ ] Employee that does not have access to a Lehigh permanent workstation/phone

[ ] Other business case that meets IRS criteria (explain, see University Travel and Business Expense Policy):

Click here to enter text.

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**Complete for Support of Tablet Device**

**Justification for need for University support of tablet device:**Click here to enter text.

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**Please Read and Complete for All Mobile Devices**

I agree that University-provided equipment and services are to be used for the efficient conduct of official University business, with only incidental personal use that incurs no expense to the University. I further understand that I am responsible for safeguarding the equipment and confidential information that the device may store or process. If the equipment is lost or stolen, I will immediately report the loss or theft of such equipment to my department. I will operate vehicles and potentially hazardous equipment in a safe a prudent manner, will refrain from using such communication devices while operating vehicles and equipment unless in an emergency situation.

If the University determines that there is no longer a business need for me to possess such equipment, I will return the equipment and/or discontinue the subsidy. Likewise, if I separate from the University, I will promptly return the equipment to my department. I understand that all forms of University electronic communications, including cell phone statements and text messages, are property of the University and potentially subject to disclosure. **I have read, and agree to abide by, the security and data integrity policies contained in the “Communications Equipment” section of the University’s Travel and Business Expense Policy.**

**Signature of Employee:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above justification is accurate and that this request is in compliance with the Lehigh University Travel and Business Expense Policy.

**Approved by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must be senior to the employee at organizational level of Dean, Vice Provost, Associate Vice President or above)

***This form is to be retained by the business manager for the above Approver. Rev. Nov. 2016***