

Lehigh University Mobile Device Support Form

Employee Name: _____

LIN: _____

Job Title: _____

Phone Ext: _____

*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*

Complete for Support of Cell Phone

- Select Type of Support Requested:
- Monthly University Subsidy of personal cell phone/plan
 - University-provided cell phone
 - University-provided cell phone plan

If requesting subsidy, enter monthly subsidy requested (see policy guidelines): \$ _____

If requesting University phone or plan, enter equipment and plan description and anticipated cost:

Explain justification for above-standard subsidy, equipment or plan:

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):

Complete for Support of Tablet Device

Justification of need for University support of tablet device:

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