



Personal Communication Device Agreement Form

Use this form to provide information that would document the eligibility requirements for CWU supported personal communication devices. This authorization must be initiated by the employee's supervisor and reviewed by the Appointing Authority and Vice President where applicable.

Part 1 Employee and Funding Information
Name [] CWU ID # [] Office Phone []
Job Title [] Department [] PID to charge []
Budget Authority Name [] Budget Authority Signature/Date _____

Part 2 Business Justification (to be completed by Supervisor)
Provide the valid business need for a university owned or personally owned device allowance.
[]

Part 3 Device Option
Select Personal Communication Device option. (to be completed by Supervisor)
[] OPTION 1: University owned device (proceed to Part 5) [] OPTION 2: Personally owned device allowance (proceed to Part 4)

Part 4 Service Level/Allowance
Select the appropriate service level/allowance
[] Service Level 1: Voice only basic service (\$35/month) No Enhanced Service available
[] Service Level 2: Voice only extended service (\$50/month) No Enhanced Service available
[] Service Level 3: Voice/Basic Data (\$70/month) Enhanced Service: [] Yes [] No (Requires an additional annual fee)
[] Service Level 4: Voice/Extended Data (\$90/month) Enhanced Service: [] Yes [] No (Requires an additional annual fee)
Requested Start Date [] (Must correspond with pay period start)
Device type: [] Blackberry [] iPhone [] Other (specify) _____ Service Provider []
Will university owned device be transferred to employee? [] Yes [] No
Phone Number [] Value to reimburse CWU (to be determined by ITS Department): \$ []

Part 5 Authorization
Employee: I have read and understand University Policy XYZ and Procedure ABC for Personal Communication Devices.

Name (print) Signature Date
Supervisor: I have read and understand University Policy XYZ and Procedure ABC. I certify that the above named employee meets the criteria for eligibility.

Name (print) Signature Date
Appointing Authority: I approve this request for the above named employee.

Name (print) Signature Date
Vice President (Required for Enhanced Data Service only): Employee meets eligibility for Enhanced Data Service.

Name (print) Signature Date