

**Justification for University-paid Cell Phone or iPad**

* The job function of the employee requires considerable time outside of his/her assigned office or work area and it is important to UCI that s/he is accessible during those times.
* The job function of the employee requires him/her to be accessible outside of scheduled or normal working hours.
* The employee is designated as a “first responder” to emergencies on campus.
* The specific form of device is crucial to that employee’s ability to perform the needed service or job function.
* The job function of the employee requires him/her to have wireless data and internet access.
* The employee has significant business travel or performs significant presentations.
* The employee needs frequently access to work resources while away from the office.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*An employee who occasionally requires a mobile device for business purposes is not eligible to have an assigned University-paid cell phone; however, employees may request reimbursement for the business use of their personal cell phone or similar device that is purchased with their own funds. If the individual incurs additional charges on a calling plan for business calls over the plan limit, the University will reimburse those charges at the excess minute rate, upon receipt of supporting documentation.*

EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EQUIPMENT PROVIDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

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*I certify that I have issued a device(s) to this staff member and that they require the device/service(s) for their job function:*

*MANAGER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*MANAGER SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*