



## Department of Auxiliary Services

### Request for Issuance of a Wireless Communication Device

1. **Requesters** must complete/sign the *Request for Issue of Wireless Communication Device* form and forward to the appropriate approving authority(ies). Upon approval, a device will be issued by the Department of Auxiliary Services which issues and maintains all wireless CSN devices. Annual audits will verify that the device remains with the employee to whom it was issued.
2. **Users** agree to use the device for college-related business. Inappropriate use may result in cancellation of the device.
3. **Users** must reimburse the college for personal calls and multi-media messages sent and received on the device, as well as directory assistance calls. Monthly invoices are sent to the appropriate dean or director. Deans and directors are required to forward the monthly invoice to the user to ensure that invoices are reviewed and personal use is reimbursed. Per policy, documentation of personal usage reimbursements must be maintained in the department's files for a period of three years, to include copies of the detailed charges and the reimbursement receipt. Reimbursement must be made at the Cashier's Office.
4. By law, effective October 1, 2011:
  - A. Texting and reading text while driving is prohibited.
  - B. Talking on a cell phone while driving is allowed only with a hands free device. Infractions expose you and the college to liability, and infractions of this law may result in cancellation of the device. Users are responsible for any fine levied as a result of being cited for non-compliance with the law.
5. At the time of assignment, the user agrees to:
  - Reimburse the college for replacement of a new device of the same type;
  - Refuse to loan/transfer the device to another CSN employee without the explicit approval of the Director of Auxiliary Services;
  - Notify the Department of Auxiliary Services immediately after determining that the device has been lost or stolen;
  - Immediately return the device to the Department of Auxiliary Services if it is no longer needed;
  - Return the device to the Department of Auxiliary Services upon termination of employment at the College.
6. Effective 7/1/21, all employees will be issued an android phone as default. iPhones will be provided if the employee's department assumes responsibility for the cost of the iPhone, if there is a cost.
7. Employees are responsible for taking care of their issued device. If the device needs to be replaced due to loss or misuse, the employee's department will be charged for the replacement device. This includes anything outside of "normal wear and tear", within the lifespan of two years, and is at the discretion of Auxiliary Services. The charge back to the department will be assessed at the cost of the replacement device.
8. Please complete all information on the form. Incomplete forms will be returned to the department for completion and may delay deployment.



# Department of Auxiliary Services

## Request for Issuance of a Wireless Communication Device

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Mail Sort Code: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Device Requested:

- Cellular Device
- Hot Spot Device
- Unrestricted Cellular Device (talk, text, data)
- Restricted Cellular Device (talk, limited text, CSN internal directory only)

Please provide details for why and how a wireless device is necessary to complete your work. Please check all situations that apply:

- You cannot use Teams, Web Ex or Zoom to meet with a majority of your business contacts.
- The majority of your business contacts are not CSN employees.
- You are traveling between 3+ locations on any given work day.
- Other: \_\_\_\_\_

Justification for Request: \_\_\_\_\_

\*Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Employee agrees to the terms on the previous page for issuance of a wireless device.

Signature of Vice President *(for cellular, hot spot, unrestricted cell service)* \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director or Manager *(for restricted cellular device)* \_\_\_\_\_ Date \_\_\_\_\_

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For Auxiliary Services Use Only:

Description of Device:

Device I.D. #	Model #	Vendor	Device Phone Number