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|  | **Wireless Communication Device Allowance  Exception To Policy Approval Form** |

Note - this form is required to request any new wireless plan through either VCU Telecommunications or U.S. Government Services Administration (GSA) contract.

Instructions:

1. Complete this form; obtain the required approvals.
2. For departmental group plan exceptions, Section 1 for individual employee information is not required.
3. Complete a VCU Remedy ticket and attach this completed scanned form.

* GSA plan can be ordered directly by the department once signatures are obtained.
* For state plans, VCU Telecommunications will contact you for additional information.

1. Maintain a copy of the approved form in departmental files.

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| **Section 1: Employee Information** | |
| Employee Name (Printed) |  |
| Department Name: |  |
| Phone Number: |  |
| Mobile Number: |  |

Check one:  Requested through VCU Telecommunications  Department will order directly through GSA contract

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| **Section 2: Justification (check one or more)** | |
| Employee is part of a departmental group plan. Attach a list of employees in plan. | |
| Grant funding specifically provides for wireless devices and plans (must be purchased through VCU Telecommunications). | |
| Rotating use of a departmental phone for on-call. | |
| Other (please provide justification): |  |
| Estimated Monthly Cost: |  |
| Budget Code: |  |

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| **Section 3: Certifications** | | | | | |
| I certify that I have read and understand VCU’s Wireless Communication Device Allowance Policy and the justification stated above is an appropriate exception to the policy. | | | | | |
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|  | Employee Signature |  | Date |  |
|  |  |  |  |  |
|  | Dean, AVP or Director Signature |  | Date |  |
|  |  |  |  |  |
|  | Vice President Signature |  | Date |  |