

# Department Cell Phone Request Form



**AZUSA PACIFIC**  
UNIVERSITY

## Department Requestor Information

Requestor Name: \_\_\_\_\_ Department: \_\_\_\_\_ Extension: \_\_\_\_\_

## Type of Request/Date Required

Request to maintain current departmental cell phone line, phone number:  
 New department owned line request      Plan change request      Equipment change/upgrade request

Date the phone is required (a minimum of one week is required for orders): \_\_\_\_\_

## Plan Selection & Billing (consult with IMT for current options and pricing)

Cellular Voice Plan: \_\_\_\_\_ Messaging Plan: \_\_\_\_\_

Other plan features or options: \_\_\_\_\_

**Total Approx. Monthly Cost: \$** \_\_\_\_\_ **Fund:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Account: 5545100**

## Equipment Selection & Billing (consult with IMT for current options and pricing)

Cell Phone Equipment: \_\_\_\_\_ Accessories: \_\_\_\_\_

**Total Approx. One-Time Cost: \$** \_\_\_\_\_ **Fund:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Account:** \_\_\_\_\_

## Justification (check applicable option and provide written justification)

Shared department cell phone: Multiple employees share one cell phone that does not leave the campus; business use only.  
 On call department cell phone: Multiple employees take turns being on call and share one phone; business use only.

**Business justification:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Employee Users Policy Review

I have read and agree to comply with Azusa Pacific University's Telecommunications policies and procedures, available at: [www.apu.edu/imt/telecommunications/cellphones/](http://www.apu.edu/imt/telecommunications/cellphones/). My initials below signify that I will use this phone for business purposes only, maintain a log documenting all calls placed and received using the phone, and reimburse the university for any personal usage.

Employee Name	Title	Initial	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Departmental Approval

This phone is necessary for business use. All calls will be documented by employees, call detail reviewed by the Budget Manager, and the department will ensure personal use is reimbursed to the department. New line requests and equipment upgrades require a 2-year contract. If service is cancelled prior to the end of the term, an early termination fee will be billed to the department.

Department Budget Manager (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Vice President/Provost (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form to IMT - Telecommunications for approval and processing.

## Chief Information Officer Approval

Signature \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_  
 Not approved; reason: \_\_\_\_\_