

Request for University Owned Cell Phone

Employee Name:

Title:

Department:

Employee's Base Station:

Index number to charge:

Justification for the request:

I (User) acknowledge the use of USD issued cellular phone is for official USD business only. I (User) acknowledge that I may be responsible for the replacement of the USD cellular phone due to loss, theft, or abuse.

Employee Signature

Date

Dean, Director, Department Chair Approval

Date

Vice President Approval

Date

Auxiliary Services Approval

Date

South Dakota Board of Regents Policy 5:23 applies to all requests for cell phones

Submit completed forms to Auxiliary Services, 209 Slagle Hall.