California State University, Chico
ADMINISTRATIVE SERVICES

AUTHORIZATION FOR CELLULAR/INTERNET ALLOWANCE
OPTION 2

Requested By:

Supervisor: _____ Department: _____
Print or Type Name

Extension: _____ Zip:_____

It has been determined that use of a cellular device and/or internet is essential for the employee below to perform job duties while away from the campus.

Print Name of Employee	Department	Zip	Ext
_____	_____	_____	_____

Outlook User Name:_____ EMPL ID_____

(Describe responsibilities fulfilled by use of cellular device and/or home internet.)

INITIAL DEVICE ACQUISITION AND/OR SERVICE PLAN ALLOWANCE:

	Check One
Base Plan A (cell phone* and/or home dsl) Amount: $55	
Base Plan B (PDA/Smartphone*, dsl, data) Amount: $120	

Employee Position Number	
Department Contact (Print Name, Phone, Zip)	
Effective Date:	
*A reimbursement up to $150.00 will be granted, bi-annually, for replacement of cell phone or PDA/Smartphone. Reimbursement is requested through Procurement and Contract Services . Procedures are outlined at http://www.csuchico.edu/purc/campusUser/index.shtml	

Supervisor Signature:_____ Date:_____

Department/Unit Head:_____ Date:_____

Vice President:_____ Date:_____

Send to: Payroll, Kendall 222, Zip 015