



**University of Wisconsin Oshkosh
New User Mobile Device Services & Equipment Request Form and
Acknowledgement of Receipt of DOA Wireless Handheld Voice and Data
Services and Equipment Policy and the
University of Wisconsin Oshkosh Cellular Policies & Procedures**

Employee Name _____

Department _____

Mobile Device Phone Number _____ (for reassign to new user only)

Describe in the space below the justification for why mobile device handheld voice and/or data service and equipment is needed:

Equipment requested – indicate phone model, auto charger and/or carrying case if needed:

Service Plan(s) requested:

____ Voice only ____ Voice and Data (Smartphone) ____ Data only (Modem/Tablet/Hotspot)

(Contact Purchasing for additional plans/costs. Voice plans do not include text messaging.)

I acknowledge that I have received the Wisconsin Department of Administration's Wireless Handheld Voice and Data Services and Equipment Policy and the University of Wisconsin Oshkosh Cellular Policies & Procedures. I also understand that I am responsible for reviewing the policy and complying with all of its provisions.

Employee Name

Department

Employee Signature

Date

I hereby authorize the use of a mobile device handheld voice and/or data services and equipment with wireless services described above for the purposes stated.

Account Administrator _____ Date _____

Supervisor _____ Date _____

Dean/Director _____ Date _____

Supervisor – Retain a copy of this form for the duration of the employee’s use of Mobile Device Services and any additional time determined by the agency or University records retention schedule.

Send signed original to Finance and Administration–Purchasing, Dempsey 236