University of Rhode Island University Owned Broadband/Cellular Phone Request Form

Employee name:		New request	Renewal
Department :		Dates of service:	
Vendor Name:		Vendor PS ID#:	
Number of minutes required:	Plan cost: \$/mo.		
Plan Name/Type			
If this is a renewal:			
Cellular phone number:	Account number ass	signed by vendor	
This position is eligible for a University issued I ☐ Safety requirements indicate having cellular ☐ More than 50% of work is conducted in the Required to be contacted on a regular basis	r phone is an integral p field	_	
Required to be on-call 24/7			
Critical decision maker Other:			
Plan Review and estimated useage:			
 Broadband Service or Two Way Radio/Push 1st Level: light to moderate usage of the cell 	•		
2nd Level: moderate to heavy usage of the ce			d)
3rd Level: very heavy usage of the cellular ph	·	• •	
4th Level exception: a memo of explanation i	s required. (Quote atta	ached).	·
Employee Certification: I certify that I have read the University of Rhode within. I also understand that per State of RI, responsible for securing this device and all inforn	DoIT Policies number	09-01 and 10-04 regarding	Mobile Device Security, I will be
Employee Signature		Date	
Department Head Dean or Director			

Upon completion, this form is to be forwarded to the University of RI Purchasing Dept. with a signed college requisition and quote if if a new purchase. If a renewal, please submit a copy of a prior invoice summary which demonstrates the plan charges.