Northland Community and Technical College may provide a cellular and/or other mobile computing device to an employee if it is determined to be a necessary business expense under one or more of the criteria on this form. Employees must complete this form upon initial request of a cellular or mobile computing device. This requirement for a completed form also applies to any purchases to be made with department funds. In addition, forms pertaining to specific devices must be submitted on an annual basis.

A separate form must be completed for each cellular or mobile computing device requested. Completed forms should be returned to Business Services.

Please check one: Initial Request, Date ____________ Annual Review, Date ____________

1. Please identify the mobile device for which approval is requested:
   - [ ] laptop/tablet/notebook computer
   - [ ] iPad/Kindle/eReader
   - [ ] cellular phone
   - [ ] smartphone (e.g., Blackberry, iPhone, Android)
   - [ ] wireless data device (e.g., data modem, mifi access point)
   - [ ] other; explain ______________________________________________________________

2. Eligibility criteria. Select all that apply:
   - [ ] Availability of device and service is integral to the performance of specific duties within the employee’s job description. Explain: ______________________________________________________________
   - [ ] A substantial portion of the employee’s work is conducted outside of the building(s) where the employee is assigned to work. Explain: ______________________________________________________________
   - [ ] The employee does not have an assigned office or workspace and needs to be contacted on a regular basis by college personnel for assigned services or to provide needed information. Explain: ______________________________________________________________
   - [ ] It is a job requirement that the employer be able to reach the employee outside of the employee’s normal work hours. Explain: ______________________________________________________________

3. Is there a wireless/cellular service plan associated with the device?
   - [ ] No
   - [ ] Yes, Type of Service (check all that apply) Voice Data Texting
     - Attach the desired phone and plan information with this form. Phone and plan information is available by contacting the Business Office.
EMPLOYEE ACKNOWLEDGEMENT

I verify that the cellular or mobile computing device, and any applicable cellular service, is needed as described above and authorized under MnSCU Policy 5.22, MnSCU System Procedure 5.22.1 and MnSCU System Procedure 5.22.2. I acknowledge that I have received MnSCU System Procedure 5.22.2 Cellular and Other Mobile Computing Devices and MnSCU Board Policies 5.22 Acceptable Use of Computers and Information Technology Resources and MnSCU System Procedures 5.22.1 Acceptable Use of Computers and Information Technology Resources and I understand that I am responsible for reviewing it and complying with the procedure requirements.

I further acknowledge that the procedure:

___ contains a section on Employee Responsibilities including agreeing to return the device upon request by the supervisor or upon the end of employment.
___ contains a section on Personal Use of a Cellular Device and Plan that states personal use is prohibited except in the case of essential use, as defined by the procedure.
___ contains sections on ‘Monthly Review of Invoices” and “Annual Review”.

___________________________________     __________________________________  ____________
Employee’s Printed Name     Employee’s Signature     Date

**Forward to Supervisor

SUPERVISORY APPROVAL & ACKNOWLEDGEMENT

I verify that the above employee’s need for a cellular or mobile computing device is in compliance with MnSCU System Procedure 5.22.2. I acknowledge that I will review the employee’s monthly cellular charges and retain documentation of this form, making available to Administration upon request. I will notify Administration upon the employee’s resignation/termination of employment and return the device to the Director of Purchasing.

___________________________________     __________________________________  ____________
Supervisor’s Printed Name     Supervisor’s Signature     Date

**Forward to Administration

ADMINISTRATION AUTHORIZATION

___________________________________     __________________________________  ____________
Administrator’s Printed Name     Administrator’s Signature     Date

**Forward to Business Services
**Business Services will provide copy to IT