

**PORTLAND STATE UNIVERSITY  
DEPARTMENT AUTHORIZATION FOR  
BUSINESS USE OF EMPLOYEE'S PERSONAL WIRELESS COMMUNICATION**

New  
 Change

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_ Email: \_\_\_\_\_

Employee's Personal Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Base Monthly Calling/Voice Amount: \$ \_\_\_\_\_ Base Monthly Data Amount: \$ \_\_\_\_\_

PSU Department: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Department Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Job Duties:** (Please attach a separate page if needed)

**Employee Signature:** (Required) \_\_\_\_\_

**APPROVAL**

As Department Chair/Director, I verify that the employee listed above is required, due to legitimate business need, to maintain Wireless Communication to conduct official PSU business. I hereby authorized the employee listed above to use his/her personal Wireless Communication for conducting official PSU business. The Department will pay the employee a Wireless Communication allowance for using his/her personal Wireless Communication in accordance with the University's "Wireless Communication Usage & Allowance Policy".

**Wireless \$ \_\_\_\_\_ (Max \$40.00); Treo/Data \$ \_\_\_\_\_ (Max \$25.00); TOTAL \$ \_\_\_\_\_ (Maximum \$65.00)**

\_\_\_\_\_  
Department Chair/Manager Signature                      Printed Name                      Date

\_\_\_\_\_  
Dean/Director Signature – **Required**                      Printed Name                      Date - **Required**

**\*\*\*Please attach a copy of the first page and the detailed pages (break down of cost) of your Wireless Communication bill to this form and submit them to Specialized Accounting Services (via campus mail to BO-SAS). Both of the employee and the Department should retain a copy.**

*Business Affairs – Specialized Accounting Services USE ONLY*

Amount Approved Per Month: \$ \_\_\_\_\_ BAO-SAS Approval: \_\_\_\_\_ Date: \_\_\_\_\_