

Employee Mobile/Remote Exception Request

Addendum C

Department:	Account Number:
Employee Name:	Office Telephone Number:
Work Address:	
Email Address:	
Mobile/Remote Communication Number (with area code):	Mobile/Remote Communication Type:

Service Provider Plan Type: _____

Business Justification/Comments

I understand that as an essential personnel employee of Western Illinois University, I am responsible for the care of this device. I also understand I am responsible for documenting all calls made from this device (if applicable) personal or business. I understand all personal calls made from this device will be reported to Payroll, added as a taxable fringe benefit to my wages. Failure to document all calls will result in termination of this agreement. This request for service will not be implemented without the appropriate signatures.

Employee (Required)	Date
Supervisor (Required)	Date
Fiscal Agent (Required)	Date
Vice President (Required)	Date
President (Required)	Date
University Technology - Telecommunications (Required)	Date