



Cell Phone Request and Approval Form

Employee Name

Employee Title

Department

Phone Number

Description of need/justification for cell phone request:

Equipment requested:

Voice/data services requested:

Budget Number

Employee Signature

Date

Departmental Approval Signature

Date

Departmental Vice President Approval Signature

Date

Vice President of Administrative Affairs Approval Signature

Date

Cell Phone Policy Acknowledgement and Agreement

I acknowledge that I have read and understand the University of Maryland Eastern Shore Cell Phone Policy, and I agree to abide by the policy.

Employee Signature

Date