

Wireless/Connectivity Allowance Request

Employee Name _____ Employee ID # _____

Job Title _____ Department _____

Business Reason for Allowance:

Required to receive or initiate communication in emergency situations

Required to be on call and/or available around the clock

Required to access University data off-campus to manage job responsibilities

Required to be accessible during non-business hours and/or at remote locations

Other (brief description)

Employee Signature

Date