

UNIVERSITY OF CENTRAL FLORIDA (UCF)

University-provided Cell Phone Authorization Form

Option 2 of University Policy 4-009.2

At times faculty and staff require the use of a cell phone to conduct university business. In certain situations the university will provide a non-compensatory phone for business reasons. Complete this form when seeking approval for a cell phone that is to be paid for by departmental funds.

Determine a service plan amount consistent with the employee's UCF business needs. Costs of service plans that exceed employee's business needs may be included in employee's taxable wages. Purchase of cell phone and accessories may be requested no more frequently than every two years—receipt or invoice must be attached. Make sure the service agreement is in the university's name. Visit the [Computer Services and Telecommunications website](#) to view available service plans and equipment pricing.

Note: Any equipment authorized by this form remains property of UCF. Upon departure from UCF, the employee is required to return all equipment to the authorizing department.

Select the Reason You Are Completing This Form:

New Approval Update Termination Renewal for Calendar Year: _____

Purpose of Cell Phone: Please list the business purpose(s) for providing the employee named below with a cell phone.

Examples: (1) UCF needs to be able to contact the employee at all times for work-related emergencies.

(2) The employee needs the cell phone to conduct business with others at times when the employee is away from the office.

Employee Name: _____ **EMPLID:** _____ **Date:** _____

I. Employee Certification: *I hereby certify that all information is true, and I have read and understand the UCF Cellular Telephone Acquisition and Use Policy 4-009.2. It is my responsibility to report changes or interruptions in service of the device to my department contact. I also affirm that any cell phone or allowance, other than the one approved via this form, is not being received from another department or activity affiliated with UCF.*

Note: The employee must attach a receipt or invoice for equipment purchases.

Employee Signature: _____

Department Name: _____ **Funding/Project Number:** _____

Department Contact: _____ **Phone Number:** _____

II. Supervisor's Approval: *By approving this request, I authorize the employee identified above to have a UCF provided cell phone and certify that I have read and understand the UCF Cellular Telephone Acquisition and Use Policy 4-009.2. I further certify that the business purposes listed above are a requirement to fulfill this employee's job duties. I affirm that the service plan selected is appropriate for the level of usage.*

Print Name of President/Vice President/Dean/Designee: _____

Signature: _____ **Date:** _____

III. Additional Approval for Contract, Grant, or Overhead/Balance Accounts: *If a contract, grant, or overhead/balance account is to be charged, the contractor or grantor has to specifically authorize the expenditure and the Office of Research and Commercialization has to approve payment.*

Name of Office of Research and Commercialization Approver: _____

Signature: _____ **Date:** _____

Please send a copy of this completed form to UCF Finance and Accounting (F&A) – Attention: PCard Department

To Be Completed by F&A Office ONLY

Verified By _____ **Date** _____