HUIT Mobile Device Request Form

Employee Information

Employee Name: ____________________________
Department: ________________________________
Mobile Number: ________________________________ (if applicable)
Department Director: ________________________________
Delivery Address: ________________________________ (if applicable)

Request Type

Please select an option below:

☐ New Device
☐ Device Replacement: ________________________________ (Please describe phone damage: e.g. battery life doesn't hold, cracked screen)

Device Selection

Standard phone storage size is 64GB. All non-standard equipment requests will be reviewed for approval by department Managing Director and Administration & Finance.

Please select an option below:

☐ iPhone 12 - 64GB
☐ Samsung Galaxy S21 – 128GB
☐ JetPack (MiFi)
☐ Non-Standard Device Request: ________________________________ (Please provide make, model, and any relevant details)

Business Purpose

Please check the appropriate box indicating the business purpose for the mobile device:

☐ 24/7 access employee: day to day job responsibilities require routine response to urgent (immediate action required) University business at any time of the day or night – e.g., addressing student/lab safety issues, answering media requests, handling on-call server operations, etc.

Please specify why 24/7 access is required:

☐ Mobile employee: job requires routine field work and need to communicate in real time with office to give or receive direction – e.g., property assistants, IT field technicians.

Please specify how much of this employee’s time will be spent working in the field:

☐ Frequent traveler: defined as at least 30 travel days per year.

☐ Other business case: proposed and justified by supervisor and approved by the Office of the University CIO; must meet at least ONE of the following criteria.
   a. Role requires staff member to routinely respond to urgent (immediate action required), University business while the staff member is away from the office; supervisor must explain business necessity.
   b. Role requires the staff member to be routinely available while in remote locations, supervisor must explain business necessity.
   c. Other business case; supervisor must explain business necessity.

Director Name ____________________________
Director Signature ____________________________
Date ____________________________

ADMINISTRATION USE ONLY: Device ID No.: ____________________________ SNow Tkt: ____________________________
☐ Approval
33-Digit Billing Code: ____________________________

Please send the completed form to HUIT Administrative Operations.