



## CELL PHONE AUTHORIZATION FORM

### EMPLOYEE INFORMATION

_____	_____	_____
Name	Job Title	Department
_____	_____	_____
Email	Phone Extension	Budget Number

### BUSINESS PURPOSE FOR A COLLEGE CELL PHONE

Please select options that best describe your situation:

I need to be available at all times for work-related emergencies **OR**

My job function requires considerable time outside of my assigned office (i.e. frequent travel) and it is important to the college that I am accessible during those times **OR**

My job function requires me to be accessible outside of scheduled or normal working hours **OR**

My job function requires me to work in many different locations on campus and a cellphone device is necessary as my principal means of communication **OR**

Other (explain): \_\_\_\_\_

### SECTION A – COMPLETE THIS SECTION FOR A COLLEGE CELL PHONE

1. Is this for a new line of service or existing line of service?

New Line of Service

Existing Line of Service

Cellphone Number: \_\_\_\_\_

Reassign Existing Number From: \_\_\_\_\_

2. What type of College-issued device are you requesting or are you currently using?

Basic/Standard voice phone and plan

Smartphone service with data plan (i.e. iPhone/Android)

3. Fill out **Section B** of this form by obtaining the appropriate approvals and submit this form to

[KCPurchasing@kilgore.edu](mailto:KCPurchasing@kilgore.edu), Procurement Services Offices.

### SECTION B - APPROVALS

The employee named below acknowledges that misuse of the phone or using it in ways inconsistent with the college policy or with local, state, or federal laws will result in immediate cancellation of the cell phone. The employee named below acknowledges that the phone is issued for non-compensatory business reasons and that he/she meets the eligibility requirements for the cell phone. All named individuals below acknowledge that they have read Kilgore College’s Cell Phone Usage Policy and agree to abide by the policy.

_____	_____	_____
Employee Printed Name	Date	Division Dean/Supervisor Printed Name

_____	_____	_____
Employee Signature	Date	Division Dean/Supervisor Signature