

**UNIVERSITY OF OREGON
MOBILE TECHNOLOGY ACCESS AND PAYMENT OPTION REQUEST**

Please complete this form to apply for access to mobile technology (e.g., cell phones, smart phones, etc.) for university business and to designate the payment option if you are requesting an allowance for personal device use. Information on the UO policies regarding access to mobile technology and payment options can be found at the following link:
<http://hr.uoregon.edu/policy/MobileTechnologyDevice.html>

Employee Information:

ID# _____

Name: _____ Email: _____

Title: _____ Unit: _____

Payment Start Date: _____ Number of Payments: _____

Reason for Mobile Device Access:

Please check the reason(s) for the request:

- Travel:** Employees who frequently travel or are out of the office and need to be in contact with employees, clients, managers, or other university associate.
- Work Location:** Employees who typically work in the field or at job sites where access to electronic and telecommunication devices are not readily available.
- Emergency Response:** Employees who need to be contacted and/or respond in the event of an emergency or are required to be available during non-business hours.
- Critical Need:** Employees who are required as part of their daily responsibilities to be accessible by electronic means when away from their regular work station.
- Other (please describe):** _____

Payment Option:

- Unit Purchased**
- Employee Allowance:** The employee allowance is paid as a business-related expense reimbursement and processed through the Accounts Payable system. Vice Presidents are responsible for communicating implementation guidelines for their areas and may set amounts for each tier up to the maximum listed below. Allowable maximums for each tier will be updated annually.
 - Tier One** Occasional/Infrequent Use (\$10.50/month)
 - Tier Two** Routine Use (\$46/month)
 - Tier Three** Advanced Mobile Devices (\$103/month)
 - Tier Four** International Use or Exceptional Circumstances

Amount of monthly payment: _____ **Index:** _____

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Signatures:

By signing below, I acknowledge that I have read and understand the *Agreement for Mobile Technology Access and Allowance* and the provisions of the *Access to Mobile Technology* and the *Payment Options for Mobile Technology* policies found on the following website:
<http://hr.uoregon.edu/policy/MobileTechnologyDevice.html>

Employee Signature _____ Date _____

Director or Department Head Approval

Name: _____ Signature _____ Date _____

Dean, Vice Provost, or Vice President Approval

Name: _____ Signature _____ Date _____

Options for processing:

- Enter a Direct Pay invoice
- Utilize the invoice upload process
- Request a recurring payable from BAO Accounts Payable

Detailed instructions for processing the payment may be found on the Banner Guide at:
<http://bg.uoregon.edu/content/mobile-technology-allowance-payment-options>

Admin Use Only

Unit Purchase Device: _____ Allowance: _____ (amount)