



Information & Communication Technologies

New Mexico State University
MSC 3AT, Box 30001
Las Cruces, NM 88003-8001
Phone: (575) 646-3284
Fax: (575) 646-6300

**NMSU Mobile Communications Device
Research or On-Call Justification Form**

Employee Name (Last, First)	Purpose of Service (Research or On-Call Service)
Position/Suffix #	Index Number for Services
Department Org Number and Name	
Department Contact	Contact Phone

Employee's Signature _____
Date

□

Justification/explanation: _____

Please use additional paper if necessary

Mobile Communication Device Number: _____ - _____ - _____

Supervisors Signature _____
Date

Supervisors Name (Print)

Department Head/Director Approval:

Department Head/Director Signature _____
Date

Department Head/Director Name (Print)

Vice President Approval:

Vice President Signature _____
Date

Vice President Name (Print)

Signing of this document certifies that the service requested complies with university policy. The University Mobile Communications Device Usage Policy is available at http://ict.nmsu.edu/ict/Guidelines/cell_policy12112007.shtml. It is the responsibility of the department and it's employees to insure compliance with University Policy.

*Department should maintain a copy on file and submit the completed original form to:
ICT, MSC 3AT, Computer Center Rm 148 or Fax to 646-6300*