

First Responder Wireless Communication Agreement

St John's University

This is your First Responder Wireless Communication Agreement issued to employees, who require a cell phone for use beyond normal business communication, considered First Responders.

Please print clearly		
Employee ID Number	Last Name First Name MI	Job Title

DEPARTMENT BILLING INFORMATION - This is department that will be charged for the mobile device.		
Department Name	Department Org & Account	Manager/Supervisor Name
	_____ - 6840	

Please check either box:

Transfer of Ownership to SJU:	New Activation through SJU:
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This form must be approved and signed by the Sector Leader (Provost, CFO, General Counsel & EVP for Mission) and submitted to the Accounts Payable department.

Justification for University-issued Cell Phone:

Certification and Signature:

I certify that I have read, understood and intend to comply with the University-issued Cell Phones and Wireless Communication Stipend Policy.

Signature _____ Date _____
Employee Signature

I approve this First Responder Wireless Communication Agreement for the said employee above. I further certify that I have read, understood and intend to comply with the University-issued Cell Phones and Wireless Communication Stipend Policy.

Signature _____ Date _____
Sector Leader

Please keep a copy for your records