



Justification of Business Need and Benefit for a Wireless Services Device (Cell Phone, PDA, etc)

Device requested/owned by:	
Type of Device Requested/owned:	
Funding Source (Department or Institution):	
<p>Business Need and Benefit:</p> <p>Check all that apply below:</p> <p><input type="checkbox"/> I (will) use my York issued wireless device for cell phone only</p> <p><input type="checkbox"/> I (will) use my York issued wireless device for cell phone and internet related access (email, web, etc.)</p> <p><input type="checkbox"/> I (will) use my York issued wireless device for web access only (email, web, etc.)</p> <p><input type="checkbox"/> I rarely use my York issued wireless device</p> <p><input type="checkbox"/> None apply see notes below:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><i>Please Note: In addition to this form, please review the Wireless Device Policy located at: https://www.york.cuny.edu/it/service-delivery-unit/policies/wireless-device-policies</i></p>	

APPROVALS:	Signature and Date:
Employee:	Date:
Chair or Director:	Date:
Business Office:	Date:

Policy Information for wireless and communications devices go to:
<https://www.york.cuny.edu/it/service-delivery-unit/policies/wireless-device-policies>