



Wireless/Connectivity Allowance Request

Employee Name _____ Employee ID # _____

Job Title _____ Department _____

Business Reason for Allowance:

- Required to receive or initiate communication in emergency situations
- Required to be on call and/or available around the clock
- Required to access University data off-campus to manage job responsibilities
- Required to be accessible during non-business hours and/or at remote locations
- Other (brief description)

Employee Signature Date

By signing this agreement I acknowledge I have read, understand and will comply with the Illinois Wesleyan University Wireless Device Reimbursement Policy.

Supervisor Signature Date

Vice President Signature Date

I certify that the requested allowance is needed for this employee to cover expenditures due to business related wireless device use. I further certify that I have read, understood and will comply with Illinois Wesleyan University's Wire Device Reimbursement Policy.