APPENDIX A: CELL PHONE APPLICATION FORM

CELL PHONE APPLICATION FORM

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Date:		
Employee Name:		
Department:		
Job Title:		
Cost Centre Number		
Director. Your Dean or I	ust be completed and signed by you, then submitted to your Dean or Director will submit the application to the Associate Director, For approval. Please allow adequate time for completion of this	
A cell phone with a voice and text plan is justified for these reasons (mark all that apply) – how the cell phone will support the college's business and improve the employee's ability to do their job.		
O This employee has free) This employee has frequent job-related travel (30% or more).	
O This employee is involved in institutional, time – sensitive decision making that includes making critical decision with widespread impact for the College.		
O This employee is a key	This employee is a key staff member needed in the event of an emergency.	
O This employee needs to communicate with other College employees or conduct College business while the employee is away from Campus.		
This employee supports or is responsible for programs, services or systems that necessitate frequent and immediate communication throughout the day or after-hours.		
O This employee is requi	red to be available for on-call service.	
I have read the above information regarding the Algonquin College Cell Phone Policy. I understand that my cell phone number may be published, and that the main intent of a cell phone is for business use only.		
Employee Signature Dean / Director's Signature		
Associate Director, Strategic Procurement Approval:		