Wireless Device Request Form



Employee Name Employee ID #:		PLEASE US ADOBE READE		IT Services Contact Centre Angus L. MacDonald Library Phone: 902-867-2356
Department:		OPEN THIS FO		email: itservices@stfx.ca https://www.mystfx.ca/ithelp/
G/L Account	Sub-Account			
Research Account		*Note: AVP Resea charged to a Rese		ıl is required for any device nt.*
Device Type: Smartphone?	Tablet/lpad?	ablet/iPad, do you :	require a cel	lular connection?
Is this a replacement device? Yes	(Th s □ No	ere is an additiona	l monthly co	st for cell service)
Current Cell #	If yes, describe belo			red. If approved, you will have to
Describe the business requirement in detail and include the device type and any accessories required (if known).				
I agree and acknowledge that I have re and make reimbursement for any perso longer required or upon termination of I will not permit the use of the device by department supervisor and IT Services in	onal charges as per the polic my employment with the i y unauthorized persons . D	cy. The device will be ssuing department	pe returned t	o StFX as directed when it is no
Employee Signature			Date:	
Approved by:				
Supervisor Name]		
(Please Print)		Date:		
Signature of Supervisor				
Signature of VP Research (*if req'd)		Date:		
VP Finance & Admin Signature		Date:		
1. Email completed form to supervisor f 2. Supervisor email to AVP Research (if r 3. AVP Research (if required) will forwar 4. VP Finance & Administration will retu	required) <u>or</u> VP Finance & A d to VP Finance & Admin w	ith approval		