



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Payroll
204 Thomas Boyd Hall

REQUEST FOR CELLULAR TELEPHONE SERVICE

AS542

This is a (check one):

- Recertification of need for cellular telephone service
- Request for approval of cellular telephone service

Approval (for either of above) is sought based on the criterion checked below:

- Protection of Life and Property** - my job duties require the performance of duties that could impact the protection of life and property. These duties may be impeded without immediate access (inbound and/or outbound) to the public telephone network, regardless of time of day or my location.
 - Law Enforcement** - my daily job duties require the performance of law enforcement activities, and these activities may expose me or the general public to harm or danger.
 - Personal Safety** - my daily job duties require the performance of activities that may expose me or others to harm or danger.
 - Public Welfare** - my daily job duties require the performance of duties that may directly impact the safety, health, and welfare of the general public.
- Improved Efficiency & Effectiveness** - my job duties require immediate access (inbound and/or outbound) to the public telephone network for recall, consultation, and/or decision making. Lack of instantaneous communications could have significant effect on the operational efficiency of the University or significant impact on the economic or political welfare of the State.
 - On Call** - my duties require me to be immediately accessible after normal work hours, regardless of location.
 - Mobile or In Transit** - my duties require me to be mobile or in transit a large percentage of the business day yet immediately accessible.
- Lack of Suitable Communications Alternatives** - no other suitable communications alternatives (one-way or interactive pagers, two-way radio, standard telephone service) are available due to the location or environmental conditions of my workplace.

Requested by

 Signature Printed Name Date

Approved by

 Dean/Director Printed Name Department Date

 Chief Technology Officer Date

Send approved forms to: 200 Computing Services