## APPENDIX A: CELL PHONE APPLICATION FORM

## **CELL PHONE APPLICATION FORM**

Date	:	
Emp	loyee Name:	
Depa	artment:	
Job T	itle:	
Cost	Centre Number	
	Director. Your De	orm must be completed and signed by you, then submitted to your Dean or an or Director will submit the application to the Associate Director, ment for approval. Please allow adequate time for completion of this
	-	n a voice and text plan is justified for these reasons (mark all that apply) one will support the college's business and improve the employee's ability
0	This employee h	nas frequent job-related travel (30% or more).
0	This employee is involved in institutional, time – sensitive decision making that includes making critical decision with widespread impact for the College.	
0	This employee i	s a key staff member needed in the event of an emergency.
0	This employee needs to communicate with other College employees or conduct College business while the employee is away from Campus.	
0		supports or is responsible for programs, services or systems that necessitate nmediate communication throughout the day or after-hours.
0	This employee i	s required to be available for on-call service.
		pove information regarding the Algonquin College Cell Phone Policy. I my cell phone number may be published, and that the main intent of a cell ness use only.
Employee Signature		Dean / Director's Signature
Associ	iate Director, Stra	itegic Procurement Approval: