# Wireless Justification

Please type or print information clearly

**Request for**

| | |
|---|---|
| 1. New ☐ Replacement ☐ Transfer ☐ | 2. If replacement, indicate reason: Lost/Stolen ☐ Damaged ☐ Upgrade ☐ |
| 3. If lost/stolen, please provide police incident report number: | |
| 4. Type of device: Phone ☐ iPhone/iPad ☐ PDA w/ e-mail and voice ☐ USB Modem/PC Aircard ☐ Pager ☐ | |

**Requester information**

| | | | | |
|---|---|---|---|---|
| 5. Contractor: FNL ☐ DMS ☐ | | 6. Department | | |
| 7. First Name | 8. Last Name | 9. Employee No. | 10. ☐ Exempt ☐ SCA | 11. Title |
| 12. Building/Street Address | 13. Room No. | 14. Telephone No. | 15. Center No. | 16. Project no., if applicable |
| 17. Do you have an FNL wireless device? Yes ☐ No ☐ | | 18. If yes, indicate property decal number | | |
| 19. If purchasing USB Modem/PC Air Card, please provide property decal number of laptop this device will be used in: | | | | |
| 20. Admin point of contact or credit cardholder | 21. Telephone No. | 22. E-mail Address | | |

**Justification for Use of Wireless Equipment, for Service, or for Device Replacement**

A justification and approval are required for all wireless communication requests. Equipment is issued only because of a job-specific requirement, not based on title or position. Incidental personal usage is allowed as long as the usage does not result in additional cost to the FNL contractor. The employee is responsible for all additional costs. Convenience is NOT a sufficient reason for requesting wireless equipment/service.

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| 23. Wireless device is requested for: ☐ Travel ☐ Work Location ☐ Emergency Response ☐ Other<br>24. Please provide a justification. Attach a second sheet if needed. |
| 25. Continuous coverage for international travel (more than four times a year) is required: Yes ☐ No ☐<br>26. If yes, please explain: |
| 27. Will equipment be needed after core hours? Yes ☐ No ☐<br>28. If yes, please explain: |

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|---|---|
| 29. ☐ **I have read, understand, and will comply with the requirements in the Wireless Communication Policy, and I have read and signed the Terms and Conditions for Use of Wireless Equipment form.** | |
| 30. Requester's Signature | 31. Date |

**Approving Supervisor**

| | | |
|---|---|---|
| 32. First Name | 33. Last Name | 34. Title |
| 35. Signature | | 36. Date |

**Approving Director** (By signing below, I hereby authorize use of the center number listed in block #15 for payment purposes only.)

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|---|---|
| 37. First Name | 38. Last Name |
| 39. Signature | 40. Date |

When signatures are obtained, please forward to the FNL contractor, Internal Audit Department, via interoffice mail (Building 372) or e-mail (belascoc@mail.nih.gov). All wireless equipment/service will be purchased by and delivered to the wireless administrator in Building 1050. You will be notified as to when you may pick up and sign for your wireless equipment.

Clear Form | Print Form Only | Print Form and Instructions

# Wireless Justification – Instructions

1. Select the request type
2. If the request is for a replacement, select a reason for the replacement
3. Enter the police incident report number if the item is lost or stolen
4. Select the type of device
5. Select the contractor
6. Enter the requester's department name
7. Enter the requester's first name
8. Enter the requester's last name
9. Enter the requester's employee number
10. Select the requester's status
11. Enter the requester's title
12. Enter the requester's building number and building street address
13. Enter the requester's building room number
14. Enter requestor's telephone number
15. Enter the center number to be charged
16. Enter the project number, if applicable
17. Select whether the requester currently has an FNL wireless device
18. Enter the property decal number of the device if the requester currently has an FNL wireless device
19. Enter the property decal number of the laptop that this device will be used in if purchasing a USB Modem/ PC Air Card
20. Enter the name of the administrative point of contact or credit card holder for the requester
21. Enter the telephone number of the admin point of contact or credit card holder
22. Enter the e-mail address of the admin point of contact or credit card holder
23. Select the reason that the wireless device is being requested
24. Enter the justification for the request for a wireless device
25. Select whether the wireless device will require continuous coverage for international travel (more than four times a year)
26. Explain why continuous coverage for international travel use of wireless device more than four times a year is required
27. Select whether the equipment will be needed after core hours
28. Explain why the wireless device will be needed after core hours
29. Enter the requester's acknowledgement that he/she has read, understands, and will comply with the requirements of the Wireless Communication Policy, and that requester has read and signed the Terms and Conditions for Use of Wireless Equipment form.
30. Enter the requester's signature

# Wireless Justification – Instructions

31. Enter the date that the requester signed the form
32. Enter the approving supervisor's first name
33. Enter the approving supervisor's last name
34. Enter the approving supervisor's title
35. Enter the approving supervisor's signature
36. Enter the date that the approving supervisor signed the form
37. Enter the approving director's first name
38. Enter the approving director's last name
39. Enter the approving director's signature
40. Enter the date that the approving director signed the form