

JABSOM RCUH EMPLOYEE MOBILE DEVICE PROGRAM

Select the option that applies: ☐ New ☐ Update ☐ Termination

Employee Name:

Emp. ID:

Project:

Job Title:

Eligibility and Justification (Check at least one):

- ☐ **24/7 access employees:** Day-to-day job responsibilities require routine response to urgent (immediate action required) RCUH/University business at any time of the day or night – e.g., addressing student/lab safety issues, answering media requests, handling on-call server operations, etc.
- ☐ **Mobile employees:** Job requires routine field work and needs to communicate real time with office to give or receive direction or manage official RCUH/University social media.
- ☐ **Frequent travelers:** Defined as at least 60 travel days per year.
- ☐ **Other business cases that meet at least one of the following criteria:**
- ☐ Role requires employee to routinely respond to urgent (immediate action required) University/RCUH business while employee is away from the office.
 - ☐ Role requires employee to be routinely available while in remote locations.
 - ☐ Other business case. Please Specify:

Option to Utilize:

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RCUH/UH-Provided Mobile Device

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Mobile Device Allowance (\$30) for Non-Exempt employees only

Effective Start Date:

Effective End Date:

Certification and Signature

- The RCUH/UH provided mobile device or allowance I receive will be primarily for business.
- If the business use is no longer needed, or there is a change or interruption in service of the device, it is my responsibility to notify my project contact.
- I understand and will protect RCUH/University business-related data and comply with Executive Policy E2.214, Institutional Data Classification Categories and Information Security Guidelines, whether on a RCUH/University- provided device or on a personal device used for business purposes.

Employee's Signature: _____

Date: _____

Approvals:

Title	Name	Phone #	Signature	Date
Principal Investigator				
Fiscal Administrator				
Dean or Designee				
RCUH HR Director <small>(for Mobile Device Allowance only)</small>	Nelson Sakamoto	956-6965		

RCUH Acct Number: _____ RCUH Acct Title: _____