

PPM 294: Appendix I – Eligibility Form

UC ANR Policy and Procedure Manual Section 294 Cell Phones and Other Portable Electronic Devices	
Responsible Officer:	Business Operations Center Director
Responsible Office:	Business Operations Center (BOC)
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UC ANR Employee Eligibility Form for University-Provided Portable Electronic Device/Service (Employee Eligibility Form)

UC ANR employees are required to complete this eligibility form, certifying that University-provided portable electronic device(s) and/or related service(s) will be used primarily for University business.

If not properly documented, the cost of the portable electronic resource(s) and/or services(s) can be considered a benefit to the employee and subject to income tax reporting.

UC ANR Academics and Community Education Specialists are exempt from this requirement and form completion.

Eligibility for University-paid Portable Electronic Device(s)

- Staff who frequently travel or are out of the office and need to be in contact with other UC employees, clientele, or other business associates
- Staff who typically work in the field or at job sites where access to electronic communication devices is not readily available
- Staff who need to be contacted and/or respond in the event of an emergency, or are required to be available during non-business hours
- Staff who are required by their department to be accessible by electronic communications at all times
- Other _____

Device(s) Requested

Device	Description	Model/Carrier Requested
Cellphone	Includes basic calling features. Does not include internet connection or email access.	
Smartphone	Includes internet connection, email access, Wi-Fi, applications and web browser.	
Tablet	Does not run full desktop operating system or include laptops that can be converted to a tablet.	
MiFi	A device that creates a local Wi-Fi network with the carrier's wireless network.	

Certifications and Approvals

I certify that one or more of the above eligibility requirements appropriately defines my work responsibilities within UC ANR.

Employee Name _____ Signature _____

Title _____ Unit _____ Date _____

I certify that this staff member requires the device(s)/service(s) for their job function.

Unit Director Name _____ Signature _____

Date _____