




Information Technology	Document No.	Revision Level:	  
Description: BRING YOUR OWN DEVICE (BYOD) POLICY REQUEST FORM	Issuer: Christopher Vanco		Revision Date:
	Revised By:		

Bring Your Own Device Request Form

Employee Name: _____

Date: _____

- I am applying for the BYOD stipend, which is currently up to \$30/month (subject to modification).
- I am attaching a copy of my device plan or bill.
- I certify that I will be using the device for business purposes (may also be used for personal purposes).
- I certify that I will notify the Company if I no longer use the device for business purposes.
- I agree to comply with the BYOD policy.

Employee Signature: _____

Human Resources Signature: _____

Human Resources to complete:

Method of verification that employee is eligible for the BYOD program:

- Staff requisition form or IT new hire form (new employees)
- Confirmed referral from IT (current employees)