### ALLOCATION JUSTIFICATION

As agency head, deputy secretary, or equivalent for

(Agency Name)

I am authorizing the allocation of a Commonwealth-owned satellite communication device for the following reason(s):

- [ ] The duties of the position are such that immediate emergency response is critical to the successful performance of those duties (e.g., police officer, fire or emergency responder).
- [ ] The duties of the position require response and decision making to life-threatening or other public safety issues and situations.

For (Employee)_______________________________________________________

Signature: ____________________________________ Date: __________________

(Agency Head, Deputy Secretary or Equivalent)

Approved by: Office of Administration/Office for Information Technology (OA/OIT)

Signature: __________________________ Date: ________________

### EMPLOYEE ACKNOWLEDGMENT

I have read and understand the Satellite Technology Policy and the applicable subscription plan. I will adhere to the established policy and abide by the terms of the subscription plan.
Employee Name: _____________________________________________________
(Print)

Signature:___________________________________Date:__________________
(Employee Signature)

*The details of the satellite device subscription plan are to be attached to this sheet.*