**AUTHORIZATION FOR USE OF DEPARTMENTAL MOBILE PHONE**

**WHILE ON PERSONAL TRAVEL**

Due to extremely high roaming charges associated with travel outside Canada, employees are not authorised to use their Government issued mobile phones while on personal travel outside the country unless the requirement is validated at the executive level. As such, any employees requiring the use of a Government supplied mobile phone during personal travel outside the country is required to obtain approval from the appropriate authority prior to the travel period.

1. Complete the form below.

2. Submit the form to your Director General (DG) for approval.

3. Once approval has been received, submit the form to:

EDSC.DGIIT.Soutien.TM-MP.Support.IITB.ESDC

**Employees using their mobile phone without authorisation from the appropriate authority while on personal travel outside Canada will be responsible to reimburse the Crown for any and all expenses related to the use of their wireless device during the period of travel.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request authorisation to use my Government issued

mobile phone during an upcoming personal trip outside Canada as per the details

below:

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel dates (From, To):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Destination (Country(ies), City(ies)): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification for the requirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPROVAL:**

Based on the justification provided and current business requirements, I authorise this

employee to use his/her government issued mobile phone outside Canada only for the

period of travel indicated on this form:

Name of Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_