**Cellular Device Authorization and Agreement**

**Employee Name:**      **Department:**

**SID** #:       **Date:**

1. Business Need

The College must ensure state-owned cellular devices and service plans are necessary for business needs, and continue to improve the purchasing, assignment, and monitoring of cellular devices and service plans.

The issuance of a state-owned cellular device, or the payment of a stipend, must be based on one or more the following job requirements:

☐ Employee’s job requires field work or travel where landline phones are inaccessible or inefficient;

☐ Employee’s job requires immediate or on-call availability;

☐ Employee needs a cellular device for work-related safety, security, or other emergency reasons;

☐ Employee’s job requires real-time communication, including email; or

☐ Other requirements as defined and documented by college (and as agreed to by supervisor and employee):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State and/or Personal Device Authorization
	1. State-owned device: [Yes/No] \_\_\_\_\_\_
	2. Personal cellular device: [Yes/No] \_\_\_\_\_\_
2. Authorized Stipend Amount and Plan

Type of access as needed by college, and monthly stipend amount and service plan type (in lieu of state-owned device and plan):

☐ Voice access $10 / month

☐ Data access $30 / month

☐ Voice and data access $40 / month

1. Employee Agreement

I agree to abide by all the conditions and responsibilities set forth in the state Cellular Device Policy, and my related college policies, including the conditions for use of my personal device, if selected and approved, to conduct state business. If my employer is issuing me a state-owned device or a stipend, I agree to have the cellular device available for the performance of my work responsibilities. At a minimum, this means the device must be in my possession and turned on during my assigned work hours to receive phone calls, access voice mail, and send and receive electronic mail. Specific details related to my availability during non-traditional hours will be determined by me and my supervisor based on the unique circumstances of my position.

☐ I understand and will comply with state and federal laws and all policy conditions and requirements as described in this policy, including, but not limited to:

* Records requests and records retention;
* All state and agency security policies and procedures, including the potential wiping of

 my device if lost or stolen, or too many attempted password attempts;

* Possible review or audit of my personal data and information;
* Possible device surrender if subject to public records request or litigation hold; and
* For authorized stipends, possible future imposition of payroll taxes, if required by law.

By this signature, I acknowledge the following:

* The employee is authorized to use a cellular device for state business purposes.
* I understand and agree to all policy conditions and requirements, including my college and position responsibilities.

Employee Signature Date

### Supervisor Signature Date

### Appointing Authority Signature Date

(Vice President, Chief or President)

**BUDGET CODE: REQUIRED**

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