

**Employee Agreement for University Owned Electronic Device and Services
For the period October 1 - September 30, 20__**

Employee Name (Last, First, MI)	PUID
Department	Office Phone
Building	Employee E-MAIL Address (REQUIRED)
Supervisor Name (Last, First, MI)	Supervisor E-MAIL Address (REQUIRED)

Description of University Owned Electronic Device and Service (include cellular number, if applicable): _____

- Exclusive use by Employee Pooled/Shared Device

Documented Business Need: _____

I have read *Electronic Device and Services Policy V.4.2* and understand my responsibilities.

As the employee: I agree the equipment is to be used primarily for official University business and that any personal use of the equipment will be incidental in nature (i.e., less than 10 minutes per month). I am responsible for safeguarding the equipment, including any data on the equipment.

As the employee, supervisor or Department Head: I am responsible for ensuring individual call detail from monthly usage reports with documented personal and business use is maintained, in order to exclude the cost of the device and cellular plan from taxable income. I understand all monthly usage reports are the property of the university and subject to disclosure.

This agreement supersedes previously executed agreements.

Employee Signature	Date	Supervisor Signature	Date
Department Head Signature	Date	Dean/Vice President	Date

REQUIRED FOR NEW REQUESTS ONLY

FUND _____ COST CENTER _____ ORDER _____

Comptroller/SPS Signature Date