DEPARTMENTAL MOBILE COMMUNICATIONS AGREEMENT (revised 8/07)

(Note: this agreement provides the minimum structure required. Units may create their own agreement provided these minimum points are addressed).

Employee’s Name and Title (please print):_______________________________________

In the course of carrying out job responsibilities, there is a regular need for departmental mobile communications (including cell phones, smartphones, mobile email/web devices, and other wireless/handheld devices which require a service contract for operation). Therefore, the employer will provide (and will therefore own/lease) the mobile communications device and service contract. At least one of the following criteria is met (CIRCLE ONE OR BOTH):

1) The job function of the employee (during the employee’s normal working hours) requires considerable time outside of the assigned office or work area, and it is important to the University that the employee is accessible during this time.

2) The job function of the employee requires them to be accessible outside of scheduled or normal working hours (while at home, out of town, etc.).

Amount of monthly service: $__________

If applicable, amount paid for equipment and month/year paid: $__________ __________

If the employee is terminated, resigns, transfers, or is no longer in need of departmental mobile communications, the employee’s supervisor is responsible for notifying the appropriate unit administrator to discontinue the plan.

All service contracts are to be between the employer and the service provider. As such, if prior to the end of a service contract, the employer for any reason needs to change or end the service contract, the employer will bear the cost of any associated contract change or termination fees.

The employee’s supervisor is responsible for an annual review of the business need for departmental mobile communications allowance to determine if the plan should be changed or discontinued. The supervisor is to initial and date the bottom of this form as evidence of this annual review.

A copy of this completed form must at all times be kept on file in the employee’s department.

The use of a cell phone can negatively impact the ability of a driver to safely operate a motor vehicle. Research studies show it is a distraction and can impair the level of concentration needed to drive. For the safety of the driver, vehicle occupants, pedestrians and other drivers, it is important that appropriate precautions be taken if a cell phone must be used while driving.

I have read this Agreement and Manual of Business Procedures Section 78 and I understand that departmental mobile communications preclude frequent personal use. I also understand that it is my responsibility to maintain detailed usage substantiation records in departmental files. Further, I understand that all personal usage must be reimbursed to MSU and that if personal usage becomes regular/frequent, I must convert the mobile communications plan to mixed-use (as per Manual of Business Procedures Section 79).

Employee Signature: _____________________________ Date:______________

Approved:

Unit Administrator Signature: __________________________________ Date:______________