

UNIVERSITY PROVIDED OR REIMBURSED CELL/SMART PHONE AGREEMENT

Employee Name				Date Range	
				___/___/___ to ___/___/___	
Department Name			Dept. Phone No.	Device Phone No.	
Department Chartstring					
Account	Fund	Dept ID	Program	Class	Project

REIMBURSED SERVICE PLAN (*NOTE - Employee Direct Deposit Form REQUIRED)

Check	Level of Service	Amount per Month
	Voice Only	<i>(\$30 Max)</i>
	Voice and Text Only	<i>(\$60 Max)</i>
	Cell/Smart Phone Service, Voice, Text and Data	<i>(\$100 Max)</i>

REIMBURSED EQUIPMENT:

Check	Description	Make	Model	Amount
	Cell/Smart Phone Acquisition			<i>(\$200 Max)</i>
	Cell/Smart Phone Upgrade (Biennial)			<i>(\$200 Max)</i>

UNIVERSITY PROVIDED CELL/SMART PHONE

Check	Level of Service	Monthly Amount Paid by University to Service Provider
	Voice Only	
	Voice and Text Only	
	Cell/Smart Phone Service, Voice, Text and Data	

JUSTIFICATION:

	<i>Travel</i> – Employee frequently travels or is out of the office and needs to be in contact with faculty, staff, clients, managers, or other university business associates.
	<i>Work Location</i> – Employee who typically works in the field or at job sites where access to communication devices is not readily available.
	<i>Emergency Response</i> – Employee needs to be contacted and/or respond in the event of an emergency or are required to be available during non-business hours.
	<i>Other</i> – Provide justification below:
	<i>Discontinue current reimbursement effective</i> _____ <i>(date)</i> Only the Supervising MPP must sign. Employee must be notified at least 30 days in advance of discontinuance.

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**PROVISION OF OR REIMBURSEMENT FOR CELL/SMART PHONE
PROCEDURES**

EMPLOYEE PERSONAL CELL/SMART PHONE REIMBURSEMENT PLAN AGREEMENT:

I understand that a monthly reimbursement payment will be provided for official University business usage of my personal cell/smart phone. The level of reimbursement will be reviewed at least annually to determine if the reimbursement is appropriate.

I understand that I will not be required to use levels of service above what is provided for in connection to my employment at the University.

I understand that this plan does not provide for any reimbursement in addition to that provided for University business usage of my personal cell/smart phone including, but not limited to, loss or theft of the cell/smart phone or if the usage exceeds the reimbursement level for any particular month within the current plan year. If the University determines that there is no longer a business need for me to receive the reimbursement, the reimbursement will cease, and I will repay any excess reimbursements due to the University.

I understand that all records provided to the University to support the reimbursement for equipment and services are the property of the University and are potentially subject to disclosure under the California Public Records Act. I retain the right to redact detail from the statements that is personal, should I be required to disclose these documents.

I am responsible for safeguarding the cell/smart phone, including any data on the equipment, and controlling its use. In the interest of safety, I will exercise appropriate care and caution while using the cell/smart phone for University business, and I will be in compliance with current University policies, state laws and federal laws while using a cell/smart phone for University business in a motor vehicle.

I have read both the PROVISION OF OR REIMBURSEMENT FOR CELL/SMART PHONE GUIDELINES and the PROVISION OF OR REIMBURSEMENT FOR CELL/SMART PHONE PROCEDURES and agree to the pertinent provisions contained therein.

Employee Signature	Date
Supervising MPP Signature	Date
	AVP/Additional MPP Signature
	Date
Authorizing Division VP/Provost Approval Signature	Date

UNIVERSITY PROVIDED CELL/SMART PHONE EMPLOYEE AGREEMENT:

I understand that a cell/smart phone will be provided solely for official University business, except for incidental personal use.

I understand that all records pertaining to the University provided cell/smart phone are the property of the University and are potentially subject to disclosure under the California Public Records Act.

I am responsible for safeguarding the cell/smart phone, including any data on the equipment, and controlling its use. In the interest of safety, I will exercise appropriate care and caution while using the cell/smart phone for University business, and I will be in compliance with current University policies, state laws and federal laws while using a cell/smart phone for University business in a motor vehicle.

I will contact my administrator if cell/smart phone is lost, stolen, or damaged.

I will return cell/smart phone to my administrator upon separation from the University.

I have read both the PROVISION OF OR REIMBURSEMENT FOR CELL/SMART PHONE GUIDELINES and the PROVISION OF OR REIMBURSEMENT FOR CELL/SMART PHONE PROCEDURES and agree to the pertinent provisions contained therein.

Employee Signature	Date
Supervising MPP Signature	Date
	AVP/Additional MPP Signature
	Date
Division VP/Provost Approval Signature	Date