



## Employee Mobile Communication Services Agreement

<b>Name (Last, First, MI):</b>	<b>Employee W#:</b>
<b>Department:</b>	<b>Office Phone:</b>
<b>Work Address:</b>	<b>eMail Address:</b>

The following one-

I have read and understand the employee responsibilities detailed in the **Employee Mobile Communication Agreement and Procedures, PPM 3-65**. I understand that university compensation for the purchase of a mobile communication device, mobile communication service activation fees (if applicable) and mobile communication service plan is taxable income and is NOT part of my base salary. I also understand that any device purchased is my personal responsibility. I certify that the mobile communication device will be used for the performance of my Weber State University job responsibilities as defined by my supervisor. I am responsible for the payment of any costs that exceed the university compensation approved on this form.

I understand that I am not authorized to use a mobile communication device to conduct Weber State University business while operating a motor vehicle.

This agreement supersedes previously executed agreements.

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Employee Signature

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Date

APPROVED:

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Supervisor (required)

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Date

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Department Head Signature (required)

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Date