Cellular Mobile Device Agreement

The appropriate administrator for level 2 or above is required if the 'High' checkbox is checked or the 'Other' checkbox is checked. The user must provide the name of the administrator as well as the user's approver.



Appendix 7.2., Plan 1

Cellular Mobile Device - Reimbursement Agreement

(Employee Owned)

Name:	Information:						cars.	
Tallie.	way					EMPL	ID:	
Position/T	Title:					Dept I	D:	
Mobile De	evice Number:					Campus Ext.		
Justificati	ion Authorization: Select	all busines	ss purpose(s) that apply	or reimbursen	ient.		
0	The employee's job requ	res them to b	regularly acce	ssible outside of	scheduled or norm	al work	ng hours.	
0	The employee is required	to spend a re	gular amount o	f time outside of	heir assigned office	e or wo	k area during n	ormal working hours.
а	Employee's job occasion	ally requires o	ellular device u	sage.				2000.00.2004850000000000000000000000000000000000
0	Other (specify):							
Reimbu	rsement:							
ι	Jsage Service Level	Se	Allowable rvice Rate an Usage	Paid t	hly Service Rate to Carrier cottéy service only	Mon	thly Device Rate	Total Allowable Mont Reimbursement Amo by Usage Service Le Reimbursement amount can exceed the actual cost of ser
O	Infrequent	\$	15.00	\$	- 1	\$	5,00	\$
0	Low	\$	30.00	\$		\$	7.00	\$
0	Medium	\$	50.00	\$	- ()	5	11.00	5
	High	\$	70,00	\$	-	\$	15.00	\$
	Other	5		8		8		5
Attach a re	cent billing statement.					Total	Reimbursed	
Chartfiel	ds:							
	Account		Fund	Dept. ID	Program	3	Class	Project
	604833							
TERMS To		se and securit	y of their mobile		of in the Call Sec. 10	sòile De	vice Policy.	
- Certifies t - Upon sep form of this a - Understar service reimt - Reimburss department, - The appro	esponsibility for the appropriate until the reimbursement amount diversity or job ogreement. Indicate this agreement is a privil	ses not expensibilities and failure greement will it mine the appropriate the approximate the	s no longer requ to follow the pr be reviewed and opriate level of a	t of service. vire reimbursemen ocedures contain it confirmed annua implayee reimburs	et, employee agrees and in the Cellular M My or until the empl	i to pay obile De oyee ter	vice Policy may minates employ	result in a discontinuation of ment or transfers to another
Accepts n Certifies t Upon sep form of this a Understas service reimt Reimburg department, The appro her judgment Authorizat	esponsibility for the appropriete untail the reinfluorsement amount discretion from the University or job greenment, and that this agreement is a privil present will occur menthly. This a whichever occurs first, priate Level 3 or above will detent of the expected campus required in for the expected campus required in for the expected campus required in for the expected campus required in the expected campus required campus req	pes not expensionally responsibilities age and failure preement will it mine the appropriate distance and U	s no longer requ to follow the pr be reviewed and opriate level of a niversity pre-es	t of service. vire reimbursemen ocedures contain it confirmed annua implayee reimburs	it, employee agreed and in the Cellular Mi illy or until the employeement for ongoing	i to pay obile De oyee ter	vice Policy may minates employ	result in a discontinuation of ment or transfers to another
Accepts r Certifies t Certifies t Upon sep ferm of this a Understat service reinin Reimburse department The appro her judgment Authorizat Employee	esponsibility for the appropriete untail the reinfluxisement amount discretion from the University organization from the University organization from this approximate that this approximate that this approximate the university of the the unive	ies not exceet responsibilities age and failure greement will it mine the approxi dusage and U via Direct I	s no longer requ to follow the pr be reviewed and opriate level of a niversity pre-es	t of service, sire reimbursement ocedures contain d confirmed annual imployee reimburs tablished rates.	et, employee agrees and in the Cellular M My or until the empl	i to pay obile De oyee ter	vice Policy may minates employ	result in a discontinuation of ment or transfers to another



Cellular Mobile Device - Reimbursement Agreement

(Employee Owned)

Request Type	ype Renewal						
Employee Information:							
Name:		Jane Doe				EMPLID:	55555555
Position/Title:	v.	CEO of Testing				Dept ID:	565499146
Mobile Device Nu	555555555				mpus Ext.	-23456	
Justification Auth	norization: S	Select all busines:	s purpose(s) that apply f	or		
☑ _{Th}	e employee's jo	ob requires them to be	ly ac	ide of	sched prm	ng hours.	
☑ _{Th}	μn	e of t	neir as	rk area during	vorking hours.		
En	plog	onally requires	, \	<u> </u>			
Ott	her (s						
eil							
Te S	ervic	Max Serr Base		Paid t	nly Service Rate o Carrier onthly service only	Monthly Device Rate	Total Allowable Monthly Reimbursement Amount by Usage Service Level Reimbursement amount cannot exceed the actual cost of service.
Inf	frequent	\$	15.00	\$		\$ 5.00	\$
Lo	w	\$	30.00	\$		\$ 7.00	\$
□ Me	edium	\$	50.00	\$		\$ 11.00	\$
- Hiệ	gh . OR	\$	70.00	\$ \$	XX XX	\$ 15.00	s \$XX ^{XX}
Ot	her	\$		\$	XX XX	\$	s \$ XX ^{XX}
Attach a recent bill	ing statemen	t. <i>G</i>				Total Reimbursed	\$0.00
Chartfields:							
Ac	count		Fund	Dept. ID	Program	Class	Project
60	04833	BA3333	3	4563			

TERMS: The undersigned employee:

- Accepts responsibility for the appropriate use and security of their mobile device, as outlined in the Cellular Mobile Device Policy.
- Certifies that the reimbursement amount does not exceed the actual cost of service.
- Upon separation from the University or job responsibilities no longer require reimbursement, employee agrees to pay back the University the portion not used in the term of this agreement.
- Understands that this agreement is a privilege and failure to follow the procedures contained in the Cellular Mobile Device Policy may result in a discontinuation of the service reimbursement.
- Reimbursements will occur monthly. This agreement will be reviewed and confirmed annually or until the employee terminates employment or transfers to another department, whichever occurs first.
- The appropriate Level 3 or above will determine the appropriate level of employee reimbursement for ongoing monthly service fees and device rates based upon his/her judgment of the expected campus required usage and University pre-established rates.

 Direct Deposit Sign-Up Form

LEVEL 2 OR ABOVE ADMIN IS REOUIRED) LEVEL 2 OR ABO	VE ADMIN IS REQUIRE	I
Approver Signature: Level 3 or above	Approver Name	/ Date	
John Jacob Jon J. 2010 (1971)	John Jacob	/ _{10/11/2023}	
Inter Dor- Jame Dor (Oct 11, 2023 Se45 POT) Employee Signature:			
Authorization for Employee Payment via Direct Deposit	● Yes O No		

Appropriate Admin. Name

(Only required if employee is approved for HIGH service level and above)

Appropriate Administrator Signature: Level 2 or above

/ Date