



**CELLULAR USAGE AGREEMENT  
UNIVERSITY-PROVIDED SERVICE  
DEDICATED DEVICE FOR EMPLOYEE**

Purpose: This form is to be used where an employee has a need for University-owned cellular services/device. It must be completed prior to signing any service agreements for cellular services, as specified in Policy FN21.

**Employee Name:** \_\_\_\_\_ **PSU ID:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_  
**Employee Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **(if applicable)**  
**Department Name:** \_\_\_\_\_ **Admin Area:** \_\_\_\_\_

**Categorize the business need for cellular services (check all that apply):**

- Frequently engages in work-related travel
- Frequently out of office on Penn State business
- Member of key personnel needed in the event of an emergency
- Position requires work off-site at location(s) with no communication
- Works from home for convenience of the University
- Other - Describe: \_\_\_\_\_

REQUIRED: Provide rationale for business need for cellular services (separate memo may be attached):

\_\_\_\_\_  
\_\_\_\_\_

**Services Being Requested:**    **New Service**    **Continuing Service**

- Cellular Phone Service** - Provider (Vendor): \_\_\_\_\_
- Other Cellular Services** - (describe): \_\_\_\_\_  
Provided by (Vendor): \_\_\_\_\_

**Account to be Charged for Service:** \_\_\_\_\_  
**Estimated Cost of Monthly Service:** \_\_\_\_\_  
**Estimated Cost of Equipment:** \_\_\_\_\_

**User Agreement:**

*I understand that the service(s) I am requesting must be used primarily for business purposes. I will reimburse the University for any personal use in accordance with Policy FN21, and understand that any violation of Policy FN21 may result in the loss of the service and/or disciplinary action. I also understand that this service cannot be used in any way for personal gain (such as the conduct of personal business). I understand that I must terminate this service and return all University purchased hardware when the business need for the service ends, my department requests the termination of the service, or when I end my employment with the University. I agree to renew this agreement periodically to recertify the business need for cellular service.*

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Head or Supervisor:**

*I approve this request for cellular service and certify the employee's assertions regarding business need.*

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Budget Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Budget Executive:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Business Services:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Non-UP campuses only)

**Office Use Only: Date Agreement Expires:** \_\_\_\_\_  
**Date Service Ended:** \_\_\_\_\_ **Date Equipment Returned:** \_\_\_\_\_