



**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): _____

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| Account to be Charged for Service: _____ Estimated Cost of Monthly Service: _____ Estimated Cost of Equipment: _____ |
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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)

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| Office Use Only: Date Agreement Expires: _____ Date Service Ended: _____ Date Equipment Returned: _____ |
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