State-Provided Cell Phone or Tablet Agreement (Reviewed 9/25/2017)

- The Agency needs to be able to contact the employee at all times for business emergencies.
- The Agency requires that the employee be available to communicate with customers and management and respond to important emails when the employee is away from the office or off work.

The Agency has determined that the most cost effective means of providing the employee with the needed access is to provide the employee with a state-paid cell phone for business purposes. Because the phone is provided to the employee for valid business reasons, and the type of plan and coverage selected is reasonably related to the State's needs, the value of the cell phone service is not taxable to the employee. The employee does not have to keep track of how many minutes are used for personal reasons.

The following conditions apply:

- The employee agrees to use the cell phone substantially for business purposes.
- The employee agrees to abide by any applicable security policy or rule issued by the Agency or by the Department of Technology Services.
- Use of the state-provided cell phone will be terminated and the cell phone returned to the Agency when the business need for cell phone service is no longer justified or the employee leaves employment with the Agency.
- The employee agrees to report lost or stolen devices to the agency immediately.
- Personal use of the cell phone shall be minimal and shall not increase the cost of the service to the Agency. The employee agrees to pay for any personal use that increases the cost of the service, including any "extra" services not needed for business purposes.
- The employee understands that any data (personal or business) on the phone may be reviewed and disclosed in the event of a GRAMA request.
- The employee has read, understands, and will abide by Administrative Rule R895-7, Acceptable Use of Information Technology Resources.
- This agreement shall be annually reviewed by the employee and the Agency and initialed.

Carrier, device, monthly costs, and plan(s) selected:

| Employee Signature: | Date: |
|---------------------------------|-------|
| Supervisor Signature: | Date: |
| Agency Head/Designee Signature: | Date: |