

Attachment A

California State University, Long Beach University-Owned Mobile Devices Employee Receipt of Equipment

Date of Request: _____

Employee Name: _____

Department: _____ Campus Extension: _____

Service Plan

Wireless/Cell Phone Number: _____ Provider/Vendor: _____

Device Acquisition

Type: _____

Justification Description

Provide specifics. Describe particular responsibilities that can only be accomplished with this mobile device. ("Used for business purposes" is insufficient justification.)

Terms:

The undersigned employee is being issued a University-owned mobile device to be used to conduct activities consistent and conducive to the business of the University. The employee and administrator understand and agree to the following:

- a. Mobile device is only for the use of the named employee
- b. Employee will seek approval from employee's administrator prior to incurring overage charges
- c. Employee is prohibited from using mobile device while operating a vehicle
- d. Employee will safeguard the asset against loss or theft
- e. Employee will contact his administrator if mobile device is lost, stolen, or damaged
- f. Employee will return mobile device to administrator prior to separation from the University

Employee has read, understands, and agrees to "CSULB Mobile Device Policy". The employee shall make available to the University, upon University request, records of the business use necessary to comply with applicable law and regulations, including but not limited to, the California Public Records Act; however, the employee may redact any personal information from the records provided. Employees provided with data service for email will use only the campus-provided email system to conduct CSULB academic and administrative business.

Employee and administrator understand that failure to follow the process and procedures will result in the immediate revocation of the mobile device.

Employee Signature: _____ **Date:** _____

Approval Required by Employee's Administrator (Level 3 or higher):

Administrator Print Name: _____

Administrator Signature: _____ **Date:** _____