



WEBER STATE
UNIVERSITY

Employee Mobile Communication Services Agreement

Name (Last, First, MI):	Employee W#:
Department:	Office Phone:
Work Address:	eMail Address:

The following one-time compensation for purchase of a communication device is approved:

Dept. Mgr. Initials	Approved One-time \$	MOBILE COMMUNICATION DEVICE DESCRIPTION: (Make & model of cellular phone, BlackBerry, SIM Card, etc.)
		SERVICE ACTIVATION FEES (if applicable)
		TOTAL APPROVED ONE-TIME AMOUNT

The following compensation for ongoing cost of a mobile communication plan is approved not to exceed one year, beginning _____ and ending _____:

		Mobile Device (Cell) Number: () _____ -
Dept. Mgr. Initials	Approved Monthly \$	MOBILE COMMUNICATION SERVICE PLAN: (Vendor name, base minutes, data plan, special features, etc.)

Business justification and/or comment and explanation:

I have read and understand the employee responsibilities detailed in the **Employee Mobile Communication Agreement and Procedures, PPM 3-65**. I understand that university compensation for the purchase of a mobile communication device, mobile communication service activation fees (if applicable) and mobile communication service plan is taxable income and is NOT part of my base salary. I also understand that any device purchased is my personal responsibility. I certify that the mobile communication device will be used for the performance of my Weber State University job responsibilities as defined by my supervisor. I am responsible for the payment of any costs that exceed the university compensation approved on this form.

I understand that I am not authorized to use a mobile communication device to conduct Weber State University business while operating a motor vehicle.

This agreement supersedes previously executed agreements.

Employee Signature

Date

APPROVED:

Supervisor (required)

Date

Department Head Signature (required)

Date