



# CELLPHONE AUTHORIZATION FORM

## EMPLOYEE INFORMATION

_____	_____	_____	_____
Name	Job Title	Extension	ID
_____	_____	0564-0000	_____
Department	Budget Number		Email

## STATE YOUR BUSINESS PURPOSE FOR A PORTABLE CELLPHONE DEVICE

Please select **one** of the options that best describes your situation:

I need to be available at all times for work-related emergencies **OR**

My job function requires considerable time outside of my assigned office (i.e. frequent travel) and it is important to the college that I am accessible during those times **OR**

My job function requires me to be accessible outside of scheduled or normal working hours **OR**

My job function requires me to work in many different locations on campus and a cellphone device is necessary as my principal means of communication **OR**

Other (explain): \_\_\_\_\_

## SECTION A - FILL OUT THIS SECTION FOR COLLEGE-ISSUED CELLPHONE DEVICES

1. Is this for a new line of service or existing line of service?
  - a. New Line of Service
  - b. Existing Line of Service/cellphone number: \_\_\_\_\_ Reassign existing number from: \_\_\_\_\_
2. What type of College-issued device are you requesting or are you currently using?
  - a. Basic/Standard voice phone and plan
  - b. Smartphone service with data plan (i.e. Iphone)

If you are requesting a Smartphone data plan or are currently on a smartphone plan, please describe why a data plan is an integral part of your job.

3. Fill out **Section B** of this form by obtaining the appropriate approvals and submit this form to Tiffany Wells, Campus Services.

## SECTION B - APPROVALS

The employee name below acknowledges that misuse of the phone or using it in ways inconsistent with the college policy or with local, state, or federal laws will result in immediate cancellation of the cell phone. The employee named below acknowledges that the phone is issued for non-compensatory business reasons and that he or she meets the eligibility requirements for the cell phone. All named individuals below acknowledge that he or she has read Elizabethtown College's Policy Statement on Cellphone devices and agrees to abide by the policies.

_____	_____	_____
Employee Name	Employee Signature	Date
_____	_____	_____
Supervisor Name	Supervisor Signature	Date
_____	_____	_____
Senior Staff Name	Senior Staff Signature	Date



**CELLPHONE USAGE**

**EMPLOYEE ACKNOWLEDGMENT**

I acknowledge that I have read and will abide by the College’s policy regarding cell phone usage. In particular, I understand:

1. That the cell phone that has been issued to me is primarily to be used for the business purposes of the College, and that I may use the cell phone for limited personal reasons;
2. That I may be required to return the College supplied cell phone or reimburse the College for excessive personal use charges should I use the phone excessively for personal reasons;
3. That before the end of my employment with the College, I will be required to return all College cell phone-issued equipment and accessories before I receive my final pay;
4. That I am responsible for any damage, abuse, neglect, loss, or theft of the College cell phone that has been issued to me while it is in my care;
5. That I may not use the College cell phone for illegal, disruptive, unethical or unprofessional activities, or for personal gain, or for any purpose that would jeopardize the interests of the College;
6. That the College has authorization to monitor my College-issued cell phone usage;
7. That I am prohibited from accessing another employee’s cellphone without his/her permission;
8. That the use of a cell phone while driving a vehicle or College vehicle is illegal in some locations and states, and should be avoided as a general rule even when a hands-free feature is available;
9. That I am required to register my assigned cell phone number with the College’s Emergency Notification System;
10. That this signed form will be placed in my personnel file, and that any violation by me of the College’s cell phone usage policy may result in a loss of access, disciplinary action (including termination), or other legal action.

\_\_\_\_\_  
**Employee’s Signature**

\_\_\_\_\_  
**Employee’s Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department** **Extension**