

CELLULAR DEVICE AUTHORIZATION AND AGREEMENT

WASHINGTON STATE UNIVERSITY

See [BPPM 85.45](#).

EMPLOYEE NAME		WSU ID NUMBER
DEPARTMENT		WORK TELEPHONE NUMBER
WORK ADDRESS		WORK E-MAIL ADDRESS
BUSINESS NEED The supervisor and appointing authority are responsible for determining if the position duties and responsibilities meet the following criteria in order for an employee to receive a University-issued cellular device, or an allowance for noncompensatory business use of a personal cellular device. <ul style="list-style-type: none"> The employee's position duties and responsibilities require: <ul style="list-style-type: none"> The employee must be regularly available at all times to respond by electronic communication to work-related emergencies; and Other means of University-issued computing or communication devices do not adequately serve this need. Examples include: <ul style="list-style-type: none"> Employee's job requires field work or travel where landline phones are inaccessible or inefficient; Employee's job requires immediate or on-call availability; Employee needs a cellular device for work-related safety, security, or other emergency reasons. <ul style="list-style-type: none"> The cost of the University-issued device or allowance can be supported by funding sources available to the unit. The employee is willing to sign a Cellular Device Authorization and Agreement, which is retained in accordance with University records retention requirements (see BPPM 90.01). 		
DEVICE OWNERSHIP (Select one.) <input type="checkbox"/> University-Owned Device <input type="checkbox"/> Personal Cellular Device*		
*AUTHORIZED STIPEND AMOUNT AND PLAN (If using a personal cellular device, select one allowance/access plan. See also BPPM 55.70.)		
<input type="checkbox"/> Voice Access (\$10/month) <input type="checkbox"/> Data Access (\$30/month) <input type="checkbox"/> Voice and Data Access (\$40/month)		
EMPLOYEE AGREEMENT I have carefully reviewed and agree to comply with the state Mobile Device Usage policy (OCIO Policy No. 191) and the University's Cellular Device Policy (BPPM 85.45), including the conditions for use of my personal device, if selected and approved, to conduct University business. If WSU issues me a University-owned device or a stipend, I agree to have the cellular device available for the performance of my work responsibilities. At minimum, this means the device must be in my possession and turned on during my assigned work hours to receive telephone calls, access voice mail, and send and receive e-mail. Specific details related to my availability during non-traditional hours will be determined by me and my supervisor, based on the unique circumstances of my position. I understand, and will comply with state and federal laws and all policy conditions and requirements as described in BPPM 85.45, including but not limited to: <ul style="list-style-type: none"> Responding to public records requests in accordance with BPPM 90.05 Release of Public Records and state law; Records retention requirements, including BPPM 90.03 Retention of Electronic Communications; University data policies (EP 8); All state and University information security policies and procedures, including the potential wiping of the device if lost or stolen, or if too many unsuccessful password attempts are made; Evidence preservation (legal hold) requirements (BPPM 90.12); Possible device surrender if subject to a public records request, legal hold, subpoena, or other exigent circumstance; and For authorized stipends, possible future imposition of payroll taxes, if required by law. 		
EMPLOYEE SIGNATURE		DATE
ISSUING DEPARTMENT AGREEMENT By this signature, I acknowledge the following: <ul style="list-style-type: none"> The employee is authorized to use a cellular device for University business purposes. I understand and agree to all policy conditions and requirements, including WSU (BPPM 85.45) and those related to my position responsibilities. 		
SUPERVISOR NAME AND TITLE	SUPERVISOR SIGNATURE	DATE
APPOINTING AUTHORITY NAME AND TITLE	APPOINTING AUTHORITY SIGNATURE	DATE
POLICY EXEMPTION JUSTIFICATION (Complete if device or device allowance is to be provided to an overtime-eligible, student, or temporary hourly employee.) <input type="checkbox"/> Check box if this justification has been reviewed and approved by HRS.		