

|  |
| --- |
| **Mobile Communication Device Agreement**  **Department-Owned Device OR Allowance for Personally-Owned Device** |
| This Mobile Communication Device Agreement: • documents employee eligibility/approval for a department-owned device or an allowance for a personally-owned mobile  communication device.  • must be reviewed and approved annually by the employing department. |

|  |  |
| --- | --- |
| **Employee / Supervisor Information** | |
| **Employee Name** | Click here to enter text. |
| **Department/Unit** | Click here to enter text. |
| **Employee Mobile Device Phone Number** | Click here to enter text. |
| **Supervisor Name** | Click here to enter text. |
| **Supervisor Phone Number** | Click here to enter text. |
| **Supervisor Email** | Click here to enter text. |

|  |
| --- |
| **Valid Business Need (check all that apply)** |
| **Need to be readily accessible** |
| **Receive or initiate communication in emergency or time sensitive situations** |
| **Safety requirements while traveling on the road or to off-campus locations** |
| **Frequent and regular travel** |
| **Access to electronic and telecommunication devices is not readily available** |

|  |
| --- |
| **Action and Effective Date** |
| **Issue a department-owned mobile communication device to an employee** |
| **Change in department-owned device plan** |
| **Change from a department-owned device to an allowance for a personally-owned device** |
| **Terminate use and return a department-owned mobile communication device** |
| **Initiate an allowance for a personally-owned mobile communication device** |
| **Change amount of an allowance for a personally-owned mobile communication device** |
| **Change from an allowance for a personally-owned device to a department-owned device** |
| **Terminate an allowance for a personally-owned mobile communication device** |
| **Effective Date of Action:** Click here to enter a date. |

|  |
| --- |
| **Funding Source** |
| **State account number – for department-owned mobile communication device**  Click here to enter text. |
| **Research Foundation account number – for department-owned mobile communication device**  Click here to enter text. |
| **UB Foundation account number – for department-owned mobile communication device or allowance for a personally-owned mobile communication device**  Click here to enter text.  **Allowance Amount:** Click here to enter text. |

|  |
| --- |
| **Authorization: Supervisor AND Vice President/Dean/Designee** |
| I certify that the employee has a valid business need and is eligible for a department-owned mobile communication device or an allowance for a personally-owned mobile communication device. If the employee no longer has a valid business need for a mobile communication device, transfers to another department/unit, or terminates from the university, the employee will return the mobile communication device or the allowance will end.  I will review the employee's need annually, at a minimum.  I have received a copy of the university's *Mobile Communication Devices Policy*. |
| **Supervisor Signature:** **Date:** |
| **Vice President/Dean/Designee Signature:** **Date:** |
| **Department-Owned Mobile Communication Device Employee Agreement** |
| I understand that I will use the department-owned mobile communication device in the performance of my job responsibilities. Minimal personal use is allowed. I am responsible for charges in excess of the university's plan resulting from personal use.  Damage or loss of the device must be reported to my supervisor immediately.  I understand that all records on a department-owned mobile communication device may be subject to Freedom of Information Law (FOIL), subpoena and any other laws or regulations for which the university is subject.  If my department determines I no longer have a valid business need for a mobile communication device, or if I transfer to another department/unit, or if I terminate employment from the university, I understand I must return the device and this agreement will end.  I understand that this agreement will be reviewed annually and could be terminated or adjusted at that review.  I understand this allowance is a temporary benefit that can be terminated or adjusted at any time.  I have received a copy of the university's *Mobile Communication Devices Policy*. |
| **Employee Signature:** **Date:** |

|  |
| --- |
| **Personally-Owned Mobile Communication Device Employee Agreement** |
| I understand that I will use my personally-owned mobile communication device in-part in the performance of my job responsibilities and will receive an allowance toward a portion of the business use of the device.  The service contract purchased is my personal responsibility and must be adequate to perform my job responsibilities and the service must remain active for the life of the allowance. Any maintenance and repair costs, escalatory cost increases, and/or costs associated with my initiation of a plan change or termination prior to the end of my service contract are solely my responsibility.  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 understand that any business-related records on plans subsidized by the University at Buffalo may be subject to Freedom of Information Law (FOIL), subpoena and any other laws or regulations for which the university is subject.  If my department determines I no longer have a valid business need for a mobile communication device, or if I transfer to another department/unit, or if I terminate employment from the university, I understand the allowance will end.  I understand that this agreement will be reviewed annually and could be terminated or adjusted at that review.  I understand this allowance is a temporary benefit that can be terminated or adjusted at any time.  I have received a copy of the university's *Mobile Communication Devices Policy*. |
| **Employee Signature:** **Date:** |

|  |
| --- |
| **Procedures** |
| **Department**   * Determine whether an employee has a valid business need for a mobile communication device * Determine whether the device will be provided by the department or the employee will receive an allowance for a personally-owned device * Identify the funding source and complete the appropriate paperwork * Complete and maintain this *Mobile Communication Device Agreement* * Provide the employee with a copy of the *Mobile Communication Devices Policy* and this *Mobile Communication Device Agreement* * Maintain inventory records of department-owned mobile communication devices * Review the employee’s need for a mobile communication device annually, at a minimum   **Employee**   * Review and sign this *Mobile Communication Device Agreement*   **Procurement Services**   * Assist departments with the purchase of mobile communication devices * Process vendor payments for department-owned mobile communication devices   **University at Buffalo Foundation**   * Process paperwork for employees who receive an allowance for a personally-owned mobile communication device |

June 16, 2016