



TO: SUNYDMC Employee Recipient of a SUNYDMC-Owned Mobile Devices

RE: **Employment Agreement Concerning the Use of Mobile Devices**

I hereby certify that I am the recipient of a (SUNYDMC) - provided mobile device.

I agree that this mobile device is to be used for SUNYDMC business. I agree to use the phone in accordance with the policy and procedures set forth in the Mobile Device Policy. In addition, I understand that all records related to the purchase and disposition of the SUNYDMC-owned mobile devices, including mobile device statements, are the property of SUNYDMC.

I \_\_\_\_\_ understand that I am responsible for safeguarding the mobile device (and employed accessories) and controlling its use. If SUNYDMC determines that there is no longer a business need for me to possess a mobile device, I will return the device (and accessories, if any) immediately to my manager. If I fail to return the equipment upon separation from SUNYDMC, the equipment's cost will be deducted from my pay. Likewise, should my employment with SUNYDMC terminate, I will promptly return the mobile device/accessories to my department manager. If I fail to return the mobile device/accessories, the value of such will be deducted from my final paycheck.

In the interest of safety, I will abide by all appropriate care and exercise caution in operating a motor vehicle in accordance with all local, state and federal laws.

My signature below certifies that I have read and agree to the terms of this acknowledgement and the SUNYDMC Mobile Device Policy and Procedure.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Completed by Telecommunications Department

Mobile Device and equipment provided to Employee signing below:

\_\_\_\_\_  
Employee's Signature Acknowledging Receipt

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mobile number

\_\_\_\_\_  
Account to be Charged