

Mobile Communications Device Form

Employee Information

Employee Name:

Position:

Out of Scope Supervisor Information

Supervisor Name:

Department:

Business Case:

Options

Please choose from the following options usage and rate options.

I do not/will not use my mobile communications device for personal use and therefore do not require a payroll deduction to reimburse the organization.

I do/will use my mobile communications device for personal use and agree to the following monthly payroll deductions to reimburse the organization for personal use.

	\$15.00	Very minor usage
	\$35.00	Regular Usage
	\$	Other

I have read the College Mobile Communications Device and Acceptable Use of Technology policies and agree to the selected usage and reimbursement amounts. I also understand that personal usage (if applicable) may be reviewed and adjusted based on use and how it aligns with current deduction levels.

Employee Signature

Date

OOS Supervisor Signature

Date