



## North Carolina Department of Public Safety

### State-Provided Cell Phone Agreement

The Department of Public Safety has determined that \_\_\_\_\_ (employee) must have cell phone service for following business reasons:

- The Department needs to be able to contact the employee outside of normal business hours for business purposes.
- The Department requires that the employee be available to communicate with customers and Department management and respond to important emails while away from the office.

The Department has determined that the most cost-effective means of providing cell phone service to the employee is to provide a State-paid cell phone for business purposes. Because the phone is provided to the employee for valid business reasons and the type of plan and coverage selected is reasonably related to the Department’s needs, the value of the cell phone service is not taxable to the employee. The employee does not have to track minutes used for personal reasons vs. minutes used for business.

The following conditions apply:

- The employee agrees to use the cell phone substantially for business purposes.
- Use of the State-provided cell phone will be terminated and the cell phone returned the Department when the business need for cell phone service is no longer justified or the employee leaves employment with the Department.
- The employee agrees to report lost or stolen devices to the Department immediately. If employee is determined to be found negligible; the employee will be held responsible for the full retail cost of the replacement.
- Personal use of the cell phone will be minimal and will not increase the cost of the service to the Department.
- No personal “applications” are to be installed on the “State Issued Equipment”.
- The employee agrees to pay for any personal use that increases the cost of service, including any extra services not needed for business purposes.
- The employee understands that any data (personal or business) on the phone may be reviewed and disclosed in the event of MANAGEMENT request.
- The employee has read, understands, and will abide by the Department’s Mobile Electronic Device Policy.

#### Acceptance

**By my signature below, I acknowledge receipt of the following DPS mobile device equipment in good working condition. Additionally, my signature below indicates that I have read and understand the DPS Mobile Device Policy and agree to the conditions of these policies.**

_____	_____
Printed Name Of Mobile Device User	Title/Beacon Position#
_____	_____
Division	Division Phone #
_____	_____
Mobile Device #	Manufacturer Name/Model
_____	_____
BeaconPostion#@gmail.com	Vendor
_____	_____
Mobile Device User’s Signature	Supervisors Signature
_____	_____
Date	Date

\*\*\*\*\* Mobile Device Return Receipt\*\*\*\*\*

_____	_____	_____
Supervisor’s Signature	Date	Date Equipment Returned

**A signed COPY OF this form shall be given to the EMPLOYEE and a copy sent to the Purchasing & Logistics Office upon issuance and the return of the mobile device.**