

FORM A
STATE OF UTAH – DEPARTMENT OF HUMAN SERVICES (DHS)
STATE CELL PHONE AGREEMENT

This form must be completed before using a State cell phone, and annually, by May 30. As the user of a State cell phone, I agree to the following conditions:

1. The cell phone shall be used primarily for official DHS business. Personal use, if any, shall be limited to incidental or occasional use in accordance with *DHS policy and procedure 06-04 on “Appropriate Use of Information Technology Resources”*
2. I understand that I am responsible for the appropriate use and safekeeping of the cell phone. In the event of loss or damage to the cell phone, I am personally responsible for the cost of replacement or repair unless I can demonstrate that I have exercised reasonable care to protect the cell phone.
3. If the cell phone usage will be shared with other employees, I agree to sign the Shared State Cell Phone Checkout Sheet (**Form C**) each time I take the cell phone.
4. I have received copies (electronic or paper) of the following State policies and rules, and have initialed in the space provided that I have read and agree to follow each policy and rule:
 - a. _____ *DHS policy and procedure 06-02 on “Cell Phones and Land-line Telephones”* (Read and understand the entire policy.)
 - b. _____ *DHS policy and procedure 06-04 on “Appropriate Use of Information Technology Resources”* (Read only sections 4. and 5.)
 - c. _____ *DHS policy and procedure 02-03 on “Code of Ethics”* (Read only section II.B.)
 - d. _____ *DTS Administrative Rule 895-7 on “Acceptable Use of Information Technology Resources”* (Read only section R895-7-4.)
 - e. _____ *DTS policy 4300-0030 on “Using Network Capable Mobile Computing Devices to Store or Access Secured State Information”* (Read only “Policy” section.)
 - f. _____ *State Division of Finance policy FIACCT 05-05.00 on “Cell Phones and Home Internet Service”* (Read only pages 1 through 7.)
5. I understand that any data (personal or business) on the phone may be reviewed in the event of a Government Records Access Management Act (GRAMA) request.
6. I will notify the cell phone coordinator immediately if my cell phone is lost or stolen. I will return the cell phone to the work unit when the business need for cell phone service is no longer justified.

Justification of the business need and supervisor approval of employee to use a State cell phone: (Use additional paper if more space is needed.)

Service	<i>Justification</i> (Clearly justify the State business need for each cell phone service. If the business need cannot be clearly identified, no cell phone will be provided.)	<i>Supervisor Approval</i> (Initial each service that has a justified business need)
Voice		
Text		

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Service	Justification (Clearly justify the State business need for each cell phone service. If the business need cannot be clearly identified, no cell phone will be provided.)	Supervisor Approval (Initial each service that has a justified business need)
Data		
Tethering (wi-fi)		
Navigation		
Emergency Priority		
International		
Other		

Cell Phone User Name: _____
 User Work Location: _____
 Cell Phone Number: _____
 Cell Phone Brand: _____
 Cell Phone Model: _____
 Cell Phone Serial Number: _____
 Cell Phone Carrier: _____

Cell phone is: Assigned to only one employee _____ Shared by more than one employee _____

Management has the right to cancel or modify this agreement at any time.

 State Cell Phone User's Signature Date

 Employee Supervisor's Signature Date

 Work Unit Manager's Signature Date

 Division, Office, Region, Bureau Director's or
 Institution Superintendent's Signature Date