Reset Form

CELLULAR TELEPHONE AUTHORIZATION AND USAGE AGREEMENT

State Form 54331 (R / 4-14)
DEPARTMENT OF CHILD SERVICES

PART A - *To be completed before equipment and service is acquired.*	
Name of employee	Title
Office telephone number ( )	County of issuance

My signature below is verification that the employee listed above has been approved for the use of a State-owned cellular telephone on the basis that the telephone is needed to increase the employee's efficiency, effectiveness, and/or to provide for the employee's safety while conducting business on behalf of the State of Indiana. By signing this document, I am giving approval for the cellular telephone coordinator in my work unit to proceed with the acquisition of the necessary equipment and service.

Signature of work unit director	Date *(month, day, year)*
Printed name of work unit director	Title
Office telephone number ( )	E-mail address

PART B - *To be completed by employee.*

As a user of a state-owned cellular phone, I agree to the following conditions:

1. The cellular telephone shall be used for official DCS business. Personal use, if any, shall be limited to infrequent, incidental and/or emergency use. I agree to reimburse DCS for any emergency personal calls (incoming and/or outgoing personal cellular telephone calls) that total more than $5.00 during any given monthly billing.
2. I understand that I am responsible for the appropriate use and safekeeping of the cellular telephone. In the event of loss or damage to the cellular telephone, I am personally responsible for the cost of replacement or repair unless I can demonstrate that I have exercised reasonable care of the cellular telephone. In the event my employment with DCS ceases, I will return the telephone and all equipment to my supervisor.
3. I agree that the Government cellular plan consists of 400 voice minutes and that I am responsible for overages that result in non-official DCS business. I also understand that cellular devices are monitored for over-usage and are subject to investigation.
4. I have read and I understand the DCS Cellular Telephone policy (Administration Policy GA-1), and I agree to the terms and conditions outlined in the policy.

Signature of employee	Date *(month, day, year)*
Printed name of employee	

PART C - *To be completed by DCS IT Support.*

Cellular device number	MEID or EIN number	Cellular provider

Type of cellular device

☐ Cellular telephone ☐ MiFi Hotspot