**Wireless Communication Agreement**

**MOLLOY UNIVERSITY**

**This is your Wireless Communication Agreement issued to employees, who require a cell phone for use beyond normal business communication.**

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|  |  **Please print clearly** |

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| **Employee ID Number** |

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| **Last Name First Name** | **MI** |

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| **Job Title** |

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| **DEPARTMENT BILLLING INFORMATION - This is department that will be charged for the mobile device.** |

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| **Department Name** |

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| **Department & Account** |

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| **Manager/Supervisor Name** |

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**Please check either box:**

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| --- | --- |
| **Transfer of Ownership to:** | **New Activation through:** |

**This form must be approved and signed by the Supervisor (President VP, Dean, CFO or Director )**

**and submitted to the Accounts Payable department.**

**Justification for COLLEGE-issued Cell Phone:**

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**Certification and Signature:**

I certify that I have read, understood and intend to comply with the University-issued Cell Phones and Wireless Communication Stipend Policy.

 **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Employee Signature**

I approve this Communication Agreement for the said employee above. I further certify that I have read, understood and intend to comply with the University-issued Cell Phones and Wireless Communication Stipend Policy.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Supervisor’s Signature**

**Please keep a copy for your records**