**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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | **Please print clearly** | | | |
| |  | | --- | | **Employee ID Number** | | |  |  | | --- | --- | | **Last Name First Name** | **MI** | | |  | | --- | | **Job Title** | |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **DEPARTMENT BILLLING INFORMATION - This is department that will be charged for the mobile device.** | | | |
| |  |  | | --- | --- | | |  | | --- | | **Department Name** | | | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **Department & Account** | | | |  |  | | --- | --- | | |  | | --- | | **Manager/Supervisor Name** | | |
|  | \_\_\_\_\_\_\_\_\_ |  |

**Please check either box:**

|  |  |
| --- | --- |
| **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:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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**