

**Please complete and return to:**  
Technology Helpdesk  
Otto Olsen 115  
[unkhelpdesk@unk.edu](mailto:unkhelpdesk@unk.edu)

## Employee Cellular Device Agreement

### Employee Information

Name \_\_\_\_\_

Personnel No. \_\_\_\_\_

Email Address \_\_\_\_\_

Department \_\_\_\_\_

### University Provided Cellular Service & Equipment Information

Service Number \_\_\_\_\_

Service Plan \_\_\_\_\_

Equipment Description \_\_\_\_\_

Equipment ESN/MEID \_\_\_\_\_

### Business Justification Based on Job Duties

### Employee Certification

I acknowledge that the cellular device and service provided to me for work purposes are the property of UNK. I further agree to abide by the University's Cellular Device Policy and Cellular Device Guidelines.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### Questions?

Call 865-8363 or email [unkhelpesk@unk.edu](mailto:unkhelpesk@unk.edu)