

FI 47

Cellular agreement State-paid device



Division of
Finance

Clear form

Instructions

New agreements must be completed every two years or when business needs change.

Employee information

Name:

EIN:

Agency:

Division:

Business purpose

Explain why the employee needs a cellular device and how it will be used. For example: *The agency needs to be able to contact the employee outside of normal business hours for business purposes.*

Cellular device information

Carrier:

Device:

Agreement

By signing below, the employee agrees:

- I need the cellular device for substantial business purposes.
- I will abide by any applicable security policy or rule issued by the agency or by the Department of Government Operations, Division of Finance, and Division of Technology Services, including 1-5: Cellular devices and services, Enterprise Mobile Device Policy 5000-0003, and Administrative Code R895-7.
- I will pay for any personal preferences that increases the cost of service (extra storage, roaming & international fees, roadside assistance, etc.).

To get help, contact us:  Submit a ticket to our [help desk](#)

Effective: May 2026

- I will return any state-paid devices to the state when the business need is no longer justified or when I leave employment with my agency.
- I will report lost or stolen state-paid devices to my supervisor immediately.
- I understand that any data on my state-paid cellular device may be reviewed by management or a court for GRAMA requests.

Signature

Date

Approval

I have reviewed and approve the terms and conditions of this agreement.

Supervisor

Name

Signature

Date

Division director (or agency equivalent) or designee

Name

Signature

Date