

**CABINET FOR HEALTH AND FAMILY SERVICES
EMPLOYEE WIRELESS DEVICE AGREEMENT**

By signing below, the responsible employee acknowledges that:

- they **will be responsible for the** Wireless device that has been ordered/transferred for their use.
- they **will e-mail the Wireless Coordinator** in the CHFS Services Acquisition Branch - the Wireless Device number that has been assigned to them and the date of receipt of the cell phone
- they **have received**, read and agree to abide by the terms of the Cabinet's Wireless Device Policy;
- they **will promptly review** the monthly bill for abuse and accuracy;
- they **will promptly notify** the Office of Administrative Services, Services Acquisition Branch at (502) 564-7736 of all irregularities with the bill, and
- they **will be personally responsible** for payment of any unauthorized/abusive calls,
- they are a **full time employee** with the Cabinet for Health and Family Services
they will **immediately** contact the police and the Wireless device provider if the phone is stolen. They will complete a police report if the Wireless device is stolen and fax a copy to the Office of Administrative Services, Services Acquisition Branch at (502) 564-7736 within 48 hours of theft or loss. If these steps are not followed, they will be responsible for payment of all calls made on the stolen phone and the fee for the stolen equipment
- they **will notify** the Office of Administrative Services, Services Acquisition Branch at (502) 564-7736 if they are no longer the responsible employee.

If Wireless device is to be utilized as a pool cell phone:

- they **will maintain** a phone issuance log with dates and responsible individual's names for the days they are assigned the cell phone,
- they **will require** each person assigned the Wireless device to complete an Employee Wireless Device Agreement form PRIOR to issuance of the Wireless device to that individual.

Cellular Phone Number: _____ SIMM Chip Number: _____

Make _____ Model _____ PIN Number: _____

Please Select One: _____ IMEI Number: _____

New Placement
 Reassignment (If reassignment, Name of Original user) _____

CHFS Location Phone Number: _____

CHFS: _____

Cost Center: _____ Program Code: _____

Accessory Items: Car Charger Car Antenna Hands Free Device
 Earbud Spare Battery Case
 Other (Please List) _____

Pool Phone

(Date) _____
(Responsible Employee's Signature)

Responsible Employee's Name Printed: _____

When form is completed, please forward to: PROCUREMENT AND SERVICES ACQUISITION BRANCH
275 E MAIN STREET 4 E-C
FRANKFORT, KY 40621-0001