

## The University of Akron Receipt of Cellular Policy

I have received the University's cellular and wireless communication policy and understand I'm responsible for complying with all requirements.

I further acknowledge the policy:

- contains a section defining three user categories.
- contains a section on monthly cellular invoice review requirements.
- contains a section requiring all order activity with the wireless vendor will be managed through the Telecommunications Department.

Taking into consideration my duties & responsibilities and through a joint decision with my supervisor, I have indicated below my user category and appropriate plan.

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Category 1 | <input type="checkbox"/> Emergency Plan    |
| <input type="checkbox"/> Category 2 | <input type="checkbox"/> Basic 300 Minutes |
| <input type="checkbox"/> Category 3 | <input type="checkbox"/> 600 Minutes       |
|                                     | <input type="checkbox"/> 900 Minutes       |
|                                     | <input type="checkbox"/> 1350 Minutes      |
|                                     | <input type="checkbox"/> Data Only         |

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Dept Acct#

\_\_\_\_\_  
Wireless #

**Return this completed form to the Telecommunications Department, zip+ 9010**