

# 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 two 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.

Category 1

Category 2

Emergency Plan

Basic 300 Minutes

600 Minutes

900 Minutes

1350 Minutes

Data + Voice plan above

Data Only

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

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

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