**County Mobile Device Security Request Form**

This agreement between \_\_\_\_\_\_\_\_\_\_\_ County, collectively referred to as the “County” and the employee identified below serves to authorize the use of a Cell Phone on and within the County network and facilities, whether personally owned by the employee, or issued to the employee by the County. Any change in the particulars of this agreement, including change of Cell Phone, departure or change of employee, restructuring of agency organization, or significant change of authorized applications and/or data, require that this agreement be renewed and re-executed.

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| --- |
| **Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Employee Responsibilities:

* Read the Cell Phone Policy and abide by all policy statements within and as may be amended by the County.
* Protect the Cell Phone and Data from loss, destruction, unauthorized modification or disclosure of information.
* Immediately report loss or theft of the Cell Phone, or suspected IT security breach to the direct supervisor and the Information Technology or \_\_\_\_\_\_\_\_\_\_\_ Department. If the device is stolen, a police report must be filed.
* Understand the device may be remotely reset to factory defaults or wiped of information in the event of a suspected security incident or risk of data loss.
* Consistently adhere to established security controls and protocols as defined in any County policies concerning use of technology.
* Do not use the Cell Phone when operating a vehicle on any public roadway, except in accordance with state law.
* Understand there is no expectation of privacy and that all records are subject to disclosure under the Georgia Open Records Act.

*I certify that I have read, understand and agree to the terms written in the \_\_\_\_\_\_\_ County device policy & request authorization form, and agree to adhere to them.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EmployeeSignature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature

*If you are requesting a County-provided cell phone, please review & complete the following information:*

Requested Device Type:

\_\_\_ Android \_\_\_ iPhone

Do you require Push-to-Talk capability on your mobile device?

\_\_\_ Yes \_\_\_ No

*If you are requesting a cell phone stipend in lieu of a County-provided cell phone, please also complete and submit the “*Employee Cellular Service Reimbursement and Open Records Act Acknowledgement Form*.”*