

**The University of Connecticut**  
**Wireless Communication Device Stipend Policy Agreement**

Employee Name: \_\_\_\_\_  
Employee Payroll Number: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Division/Department: \_\_\_\_\_

Select a Tier Plan closest to your usage:

**Voice Plans**

Tier 1 - \$18.46 per biweekly pay period (\$40/month)

Tier 2 - \$27.69 per biweekly pay period (\$60/month)

**Data Plan**

Tier 4 - \$20.77 per biweekly pay period (\$45/month)

This agreement between the University of Connecticut and the employee identified above gives the employee permission to obtain a wireless communication plan and device pursuant to the Wireless Communication Device Policy in consideration of the following terms and conditions.

**By signing below, the employee agrees to the following:**

1. That I have read and agree to abide by all terms and conditions identified in the *Wireless Communication Device Stipend Policy* and in particular Section Six (6) of the Policy that identifies Employee Responsibilities. This includes, but is not limited to security protocols, time frames and notification of lost or stolen wireless communication devices.
2. That I am aware of and agree to abide to the following UConn Policies, located on the University Policies E-library website: <http://policy.uconn.edu/pages/main.cfm>;
  1. The Wireless Communication Device Stipend Policy;
  2. Access Control for Computing Resources and Equipment;
  3. Policy on Data Classification;
  4. Device and Media Control;
  5. Electronic Data Integrity;
  6. Electronic Data Security Management;
  7. Electronic Workstation Use and Security;
  8. Individual Responsibilities with Respect to Appropriate Use of Information Technology Resources;
  9. Security Incident Response
3. To establish security protocols, including but not limited to, encryption and password controls, covering the storage and/or remote access of electronic information maintained on my personally-owned wireless communication device.
4. I understand that the requirements promulgated under the Family Education Rights and Privacy Act (FERPA) and the Connecticut Freedom of Information Act (FOIA) applies to personally-owned wireless communication device that contain student education records and University business records, respectively. I understand that in the event of a FERPA and/or FOIA request, University officials may need to examine any and all electronic records maintained on the personally-owned wireless communication device and/or any paper billing regarding such device to determine if they are subject to either request. I agree to provide expeditious access to any and all electronic or paper work-related records related to the personally-owned wireless communication device to University officials so that they may conduct such examination as required to comply with the above described laws.
5. I understand and agree to abide by any and all Litigation Hold Notices that I may receive. I understand that this may require me to preserve information received and/or maintained on my personally-owned wireless communication device.
6. I agree to provide expeditious access to any and all electronic or paper records related to the personally-owned wireless communication device to University officials conducting audits, investigations or internal reviews on behalf of the University to ensure compliance with legal requirements, regulatory requirements and/or University policy.
7. I agree that upon termination of employment with the University, that I will delete all University data from the personally-owned wireless communication device except when instructed to retain the data for legal purposes.
8. Additional oversight/reporting responsibilities may be required if an employee's job responsibilities are subject to formal governing body by-laws and regulations. (i.e. NCAA regulations).
9. I understand and agree that failure to abide by these terms and conditions constitute a violation of one or more University policies, which may result in disciplinary action.

I certify that I have read and agree to the terms set forth in this Policy. I further certify that I have received a copy of this Policy. I acknowledge that eligibility for participation in the Wireless Communication Device Stipend Policy solely depends upon business need (as solely determined by the University) and compliance with these terms and conditions. Eligibility automatically terminates when I leave the University.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this form to Payroll and keep a copy of this form within your department