

Acknowledgment of Receipt

I acknowledge that I have received the Department of Administration's policy covering Wireless Handheld Voice and Data Services and Equipment. I also understand that I am responsible for reviewing the policy and complying with all of its provisions.

Employee Name (Please Print)

Employee Email Address (Please Print)

Employee Signature

Date

State Agency or University Employer: _____

Supervisor Name (Please Print)

Supervisor Email Address (Please Print)

Supervisor Signature

Date

Supervisor - Retain this form for the duration of the employee's use of Wireless Services and any additional time determined by the agency or university records retention schedule.