

## Employee Agreement for Reimbursement of Electronic Devices/Services

<b>Employee Name</b>			<b>Employee ID #</b>		<b>Device Phone #</b>
<b>Address - Home</b>					
<b>Department Name</b>			<b>Department Phone #</b>		<b>Mail Stop #</b>
<b>Account</b>	<b>Fund</b>	<b>Dept ID</b>	<b>Program</b>	<b>Class</b>	<b>Project</b>
<b>604812</b>					

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Check	Reimbursement Description	Ongoing Monthly Reimbursement Amount	Specify Amount (\$)
<input type="checkbox"/>	Communication Device Service	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	\$
<input type="checkbox"/>	Data or Laptop Connect Card Service	<input type="checkbox"/> \$1-\$70	\$
<input type="checkbox"/>	Other (Describe):	<input type="checkbox"/> Other	\$

I agree that this reimbursement is provided to me to reimburse me for the official University Business usage of my personal device. My level of service is to be reviewed annually to determine if the reimbursement is sufficient. I certify that this reimbursement amount is adequate reimbursement for University business conducted on my device and is not greater than my monthly basic service plan and that I will notify the University when my basic service plan is reduced below my reimbursement amount. These reimbursements will not be included on my W-2 form as taxable income. Fresno State is not responsible for the tax consequences of the reimbursement or the business use of my personal communication devices. However, reimbursement presumes predominant University business usage. Reimbursement for data and/or laptop connect card services may not exceed the basic monthly service amount.

I agree to notify the University if my business usage significantly declines for a sustained period, I will notify my supervisor in writing, as soon as practicable and the reimbursement amounts may be adjusted. If the University determines that there is no longer a business need for me to receive the reimbursement, the reimbursement will cease, and I may retain the device. If I separate from University employment, I will retain the device. The phone number assigned to my device will remain my property.

All records provided to the University to support the reimbursement for the equipment purchased under the equipment reimbursement plan and for services are the property of the University and potentially subject to disclosure under the California Public Records Act. I retain the right to block-out detail from the statements that is personal, should I be required to disclose these documents.

I am responsible for safeguarding the device, including any data on the equipment, and controlling its use. In the interest of safety, I will exercise appropriate care and caution while using this device, and that I will be in compliance with current University policies, state laws and federal laws while using a communications device in a motor vehicle.

I have read the "California State University, Fresno Policy and Procedures on the Use of Electronic Communication Devices" and agree to its provisions.

<b>Employee Signature</b>	<b>Date</b>	<b>Campus Phone #</b>

<b>MPP Supervisor Name (Printed)</b>	<b>Employee ID #</b>	<b>Campus Phone #</b>
<b>MPP Supervisor Signature</b>		<b>Date</b>

<b>Division VP Approval Signature</b> (Required if the reimbursement amount is greater than highest amount or if reimbursement is being made for data service, laptop connect card or other)	<b>Date</b>	<b>Campus Phone #</b>

**Accounting Use Only Voucher #**