



# ANNUAL MOBILE USE ATTESTATION

As described in Indiana University's [Mobile Plan and Device Allowance](#), units should complete this form on an annual basis for each employee receiving an allowance for regulatory business use of his/her personal mobile device(s) (e.g., a mobile phone or tablet). The unit Fiscal Officer must maintain an original of this form, signed by both the Fiscal Officer and the employee, for a period of 3 years.

Employee Name		Fiscal Officer	
Monthly Allowance (\$50, \$100, or \$150)		Period of Business Use (typically a fiscal year)	___/___/___ - ___/___/___

## BUSINESS PURPOSE

Describe the regulatory business purpose(s) for providing the employee this allowance. Please see [Payroll SOP 9.0](#) for guidance on what is considered allowable in order to receive this allowance.

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Fiscal Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYEE ATTESTATION

I attest that my mobile device will be used based on the regulatory, business purpose(s) exception noted above.

I understand and agree that I am solely responsible for purchasing the mobile device and entering into an appropriate mobile plan with a mobile carrier and that such arrangement is solely between the mobile carrier and me. I also understand and agree that I am solely responsible for replacing the mobile device if it is lost, stolen, damaged, or malfunctioning.

I agree to notify the Fiscal Officer if I no longer have a regulatory, business need for the Mobile Plan and Device Allowance.

I agree to comply with the University's [IT-12.1 Mobile Device Security Standard](#), and with applicable University policies, and [Security of Information Technology Resources, IT-12](#).

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