

**Tech Tools: Cell Phones and Portable Electronic Resources**

Sample Verification Statement for University-Provided Resource

(Department/Unit name here)

This form is used in accordance with Standard Practice Guide 514.04, when the university provides an electronic resource to an employee.

**SECTION COMPLETED BY UNIT**

Description of resource: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resource Type: [ ]  Cellphone [ ]  Tablet [ ]  Laptop

U-M Supplier to be used to obtain device: [ ]  AT&T [ ]  Sprint [ ]  Verizon [ ]  Hewlett Packard (HP)

 [ ]  Apple [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Service Provider: [ ]  AT&T [ ]  Sprint [ ]  Verizon

Cellular number (include area code) for device: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Use:**  As a unit representative, I verify that this employee requires the use of this portable electronic resource in order to conduct her or his job-related responsibilities.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funding Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funding End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SECTION COMPLETED BY EMPLOYEE**

**I, the employee, understand and agree to the following:**

* + - * I certify that I have read the university policy and am aware of and agree to abide by the university guidelines for the appropriate use of information resources. When obtaining a laptop (or similar device), I certify that the device will be used for business purposes.
* I certify that I will use the resource for business purposes and/or when there is a need for regulatory data protection.
* I agree that I will inform the unit representative during this fiscal period if the resource is no longer used for business purposes and/or there is no longer a need for regulatory data protection.
* I agree that upon termination of employment with the university that I will return this device to the university.
* I understand that I must reimburse the university for any personal use of the device resulting in additional charges/fees.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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