

TOWN OF MASON

Employee Agreement for Responsibility Use of Cellular Device

I accept responsibility for the cellular device and will return it on my last contract day.

I understand the above conditions and knowingly and willingly enter into the agreement.

Department: _____

Name: _____

Signature: _____ Date: _____

Cellular Phone Number: _____

Cellular IMEI: _____ Model: _____

Sim Number _____

Date Returned: _____

Equipment Returned: _____

Signature of Authorized User: _____ Date: _____

Human Resource Signature: _____ Date: _____