

STATE OF ARIZONA

EMPLOYEE AGREEMENT GOVERNING THE PAYMENT AND ACCEPTANCE OF A STANDARD REIMBURSEMENT FOR USE OF AN EMPLOYEE-OWNED WIRELESS DEVICE USED IN CONNECTION WITH STATE BUSINESS

I, _____, understand and agree that:
(PRINT NAME ABOVE)

1. I have elected to accept a standard reimbursement for the use of an employee owned wireless device in the amount prescribed by SAAM 5560, *Wireless Devices Used to Conduct State Business* (or superseding State policy).
2. My acceptance of a standard reimbursement for the use of an employee owned wireless device obliges my compliance with the relevant terms and conditions of SAAM 5560, *Wireless Devices Used to Conduct State Business* (or superseding State Policy).
3. I will not, while receiving a standard reimbursement, seek payment for the use of a wireless device used to conduct State business beyond the standard reimbursement.
4. The standard reimbursement may not cover all the costs—whether measured by time or data volume—associated with the use of a wireless device, either for business or personal purposes.
5. The standard reimbursement is not intended to cover acquisition, maintenance, repair or replacement of an employee-owned wireless device for which I may be responsible.
6. My employing agency may, in its sole discretion and without advance notice, discontinue the payment of a standard reimbursement at any time.
7. I will immediately notify my employing agency of any change in the wireless plan upon which the standard reimbursement is based.
8. The standard reimbursement will be paid in two monthly installments, each representing half of the monthly total.
9. I will, upon request, make available to my employing agency or other State employee acting in his or her official capacity, the records outlining the terms, conditions and cost of my wireless plan.
10. My acceptance of a standard reimbursement does not constitute an extension of my work schedule.
11. When using my wireless device for State business, I will adhere to statewide and my employing agency's data security policies.
12. I will promptly notify my employing agency if the wireless device on which State business has been conducted and with respect to which I have received a standard reimbursement is lost or stolen.
13. Official communications conducted by any means are not to reflect poorly upon the State of Arizona, its employees or its citizens.

I understand that my agency will, in its sole discretion, determine whether the use of a wireless device and/or a voice and/or data plan is necessary for the performance of my assigned duties and what form of reimbursement for that use is most appropriate. I understand that I am not eligible for reimbursement if I have been assigned a State-issued wireless device or have or will receive an actual reimbursement for the use of an employee-owned wireless device for any period in which I receive or am to receive a standard reimbursement. I have received, read and understand and agree to comply with the SAAM 5560 *Wireless Devices Used to Conduct State Business* <https://gao.az.gov/publications/SAAM/draft.asp> (or superseding relevant State policy), as well as any policies issued by the State or my employing agency regarding the use of wireless devices and data security.

Employee Signature

Date

Employing Agency

Employee EIN

Approving Official's Signature

Date

Approving Official's Name

Approving Official's Title

Approving Official's EIN