The University of Akron Receipt of Cellular Policy

I have received the University's cellular and wireless communication policy and understand I'm responsible for complying with all requirements.

| I further acknowledge the pol | icy: | |
|-------------------------------|---------------------------------------|---|
| | nthly cellular in ng all order act | voice review requirements. ivity with the wireless vendor |
| • | • | onsibilities and through a joint decision my user category and appropriate plan. |
| Category 1 Category 2 | | Emergency Plan Basic 300 Minutes 600 Minutes 900 Minutes 1350 Minutes Data + Voice plan above Data Only |
| Employee Signature | _ | Date |
| Department Head Signature | _ | Date |
| Department Name | Dept Acct# | Wireless # |