



## Acknowledgement of Receipt of Enterprise Wireless Services Policy

I acknowledge that I have received the Department of Administration's policy covering Wireless Handheld Voice and Data Services and Equipment. I also understand that I am responsible for reviewing the policy and complying with all of its provisions.

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Employee Name (Please Print)

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Employee Signature

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Date

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State Agency or University Employer

Supervisor - Retain this form for the duration of the employee's use of Wireless Services and any additional time determined by the agency or university records retention schedule.