



COUNTY OF SAN MATEO – MOBILE TECHNOLOGY USE POLICY

User Agreement & Departmental Request for County-Provided Mobile Device

Department: _____

Purpose for County-Provided Mobile Device: _____

Check One: Basic Cellular Phone - \$200

- [AT&T Pantech Breeze IV](#)
- [Verizon Convoy](#)

Pager - \$100

- American Messaging - \$0.00

Wireless Data/Air Card - \$200

- [Verizon MiFi](#)
- [Verizon USB Modem](#)

Smartphone - \$700

- | | | |
|--|-------------------------------|----------------------------------|
| <input type="checkbox"/> 16G iPhone 4s | <input type="checkbox"/> AT&T | <input type="checkbox"/> Verizon |
| <input type="checkbox"/> 16G iPhone 5c | <input type="checkbox"/> AT&T | <input type="checkbox"/> Verizon |
| <input type="checkbox"/> 16G iPhone 5s | <input type="checkbox"/> AT&T | <input type="checkbox"/> Verizon |
| <input type="checkbox"/> Samsung Galaxy Note 3 | <input type="checkbox"/> AT&T | <input type="checkbox"/> Verizon |
| <input type="checkbox"/> Samsung Galaxy S4 | <input type="checkbox"/> AT&T | <input type="checkbox"/> Verizon |

Tablet - \$1,000

- | | | |
|--|-------------------------------|----------------------------------|
| <input type="checkbox"/> 32G iPad Mini | <input type="checkbox"/> AT&T | <input type="checkbox"/> Verizon |
| <input type="checkbox"/> 32G iPad | <input type="checkbox"/> AT&T | <input type="checkbox"/> Verizon |
| <input type="checkbox"/> AT&T Samsung Galaxy Tab 3 7.0 | | |
| <input type="checkbox"/> AT&T Samsung Galaxy Note 8 | | |
| <input type="checkbox"/> Verizon Samsung Galaxy Tab 2 7.0 | | |
| <input type="checkbox"/> Verizon Samsung Galaxy Note 10.1 | | |

Check One: New Request

Upgrade/Replacement

_____ Current make/model & phone number

I, _____, hereby acknowledge that on the date referenced below, I received, and read, the County's Mobile Technology Use Policy. By signing below, I also acknowledge my responsibility to abide by the County's Mobile Technology Use Policy.

Workforce Member Name

Workforce Member Signature

Date

Employee ID

Employee is Exempt

Employee is Non-Exempt

Department Head (or Designee) Name

Department Head (or Designee) Signature

Date

Start of Service

Received by (ISD)	_____
Device Ordered	_____
Start Date of Service	_____

Termination of Service

Service Stop Date	_____
ISD Staff - Received by	_____
Device returned	_____

NOTE: The models and prices shown here may vary. Prices shown are estimated value and units will be priced at time of procurement. Additional charges may be incurred when changing/replacing devices more frequently. For all devices there is a monthly charge above/beyond the purchase price. This form will be updated quarterly. Always use the current version of this form located on the [ISD Intranet Page](#). 02/2014