

## **Acknowledgement of College Telephone Policy**

### **Purchase College / State University of New York**

Users of College-owned desk and cellular telephones must read, understand, and comply with the **Purchase College State University of New York Desk and Cellular Telephone Policy**. By using the telephone, you agree to comply with all rules, regulations, and policies of Purchase College and any applicable local, state, federal and international laws, guidelines, and regulations. This responsibility exists regardless of what monitoring mechanisms may be in place. Violation of these policies may lead to suspension, loss of service or privilege, and may lead to even more serious sanctions.

Do not consider desk or cellular telephone bills private or secure because the bill contains your name and billing address. Purchase College, State University of New York has the right to monitor telephone bills and usage to determine if misuse or abuse exists.

Users must review their desk and cellular telephone bills and remit reimbursements for any personal calls at the end of each quarter.

Payments [check or money order] made payable to Purchase College for desk/cellular telephone reimbursement should relate to the monthly period for which the reimbursement applies and should be accompanied by the Purchase College, State University of New York Desk/Cellular Telephone Monthly Reimbursement Report.

Desk or Cellular telephones may not be used to defame, harass, intimidate or threaten any other person(s).

Do not allow others to use your phone, as you will be ultimately responsible for payment of charges.

#### **----- Agreement With Desk And Cell Telephone Policy -----**

I HAVE READ AND UNDERSTAND THE PURCHASE COLLEGE DESK AND CELL TELEPHONE USE POLICY.

BY SIGNING THIS FORM, I AGREE TO ABIDE BY THE RULES, REGULATIONS, AND POLICIES SET FORTH. THEREIN, AND TO ALL APPLICABLE INTERNATIONAL, FEDERAL, STATE, AND LOCAL LAWS. VIOLATION OF THESE POLICIES MAY LEAD TO SUSPENSION OR LOSS OF SERVICE OR OF PRIVILEGE, AND EVEN MORE SERIOUS SANCTIONS.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit this completed form to the Purchasing and Accounts Payable Office.**