AGREEMENT FOR MOBILE TECHNOLOGY ACCESS AND ALLOWANCE

My signature on the "Mobile Technology Access and Payment Option Request" confirms the following:

1. I understand that I must follow the terms and conditions identified in the *Access to Mobile Technology* and the *Payment Options for Mobile Technology* policies [http://hr.uoregon.edu/policy/MobileTechnologyDevice.html].
2. I understand that that I must adhere to the applicable University of Oregon policies, including:
   - Telecommuting Policy;
   - Information Security Program;
   - Acceptable Use of Computing Resources.

Allowance option only:

3. I understand applicable taxes will be withheld on my stipend payments and this stipend will be included in my W-2 as taxable income.
4. I understand that the university's contribution toward the communication device and plan is not part of my base salary for cost of living increases and may be changed and/or withdrawn by the university.
5. I understand that I own the mobile equipment and that I am responsible for all costs associated with the device and service. I understand that in the event I am no longer eligible for the stipend, I am responsible for the contractual obligations with my mobile technology provider.
6. I understand that the requirements promulgated under the Family Education Rights and Privacy Act (FERPA) apply to personally-owned wireless communication device that contain student education records. I understand that in the event of a FERPA request, university officials may need to examine any and all electronic records maintained on the personally-owned wireless communication device and/or any paper billing regarding such device to determine if they are subject to either request. I agree to provide access to any and all electronic or paper work-related records related to the personally-owned wireless communication device to University officials so that they may conduct such examination as required to comply.
7. I understand and agree to abide by any and all litigation hold notices that I may receive . I understand that this may require me to preserve information received and/or maintained on my personally-owned wireless communication device.
8. I agree that upon termination of employment with the University, I will delete all University data from the personally owned wireless communication device except when instructed to retain the data for legal purposes.
9. I understand that additional oversight and reporting responsibilities may be required if my job responsibilities are subject to formal governing body by-laws and regulations (e.g., NCAA regulations).