**Cellular Device Authorization and Agreement**

|  |  |  |
| --- | --- | --- |
|  | **Business Need**  Supervisors must ensure cell phones and service plans are necessary for business needs. | |
|  |  |  |
|  | The issuance of a cell phone is based on: (check all that apply) | |
|  |  | Employee’s job requires field or remote work or travel. |
|  |  | Employee’s job requires immediate or on-call availability. |
|  |  | Employee’s job requires real-time communication, including email or chat. |
|  |  | Employees needs a cellular device for safety, security, or other emergency reasons. |
|  |  | Other: (share reason below) |
|  |  | Click or tap here to enter text. |
|  |  | |
|  | **Employee Agreement** | |
|  |  | I agree to follow my agency’s Cell Phone Policy. |
|  |  | I will have my cell phone turned on during my scheduled work hours **and/or**: |
|  |  | I will have my cell phone turned on during these additional hours: (list below) |
|  |  | Click or tap here to enter text. |
|  |  |  |
|  | I understand and will comply with agency and federal laws including, but not limited to: | |
|  |  | Records requests and records retention. |
|  |  | All agency and agency security policies and procedures. |
|  |  | Device surrender if subject to public records requests or litigation. |
|  |  |  |
| **EMPLOYEE SIGNATURE** | | |
| Click or tap here to enter text. | | |
| Position | | Click or tap here to enter text. |
| Date | | Click or tap to enter a date. |
|  |  |  |
| **AGENCY AUTHORIZING SIGNATURE** | | |
| Click or tap here to enter text. | | |
| Position | | Click or tap here to enter text. |
| Date | | Click or tap to enter a date. |

**Washington WIC doesn’t discriminate.**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   [program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

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