



Cell Phone Verification Statement for Stipend House Officers

This form is used in accordance with Standard Practice Guide 514.04, when the university provides a stipend for a portion of the cost of an electronic resource, and the UM | HOA Collective Bargaining Agreement (CBA).

SECTION COMPLETED BY HOUSE OFFICER (only after start of employment)

House Officer's Name: _____

Employee ID: _____ Uniquename: _____

Cellular number of device (include area code): _____

ATTESTATION

I, the House Officer, understand and agree to the following:

- ☐ I certify that I have read the university policies and am aware of and agree to abide by the university guidelines for the appropriate use of information resources. SPG 514.04: <https://spg.umich.edu/policy/514.04> and UMH Policy 01-04-502: <https://michmed-administration.policystat.com/policy/6360529/latest/>
- ☐ I certify that the resource will be used for business purposes.
- ☐ I agree that I am the owner of this resource and am responsible to maintain the equipment and service fees, including repairs and replacement, and payment of invoices.
- ☐ I agree that I will inform my Program Administrator during my training program if the device is no longer used for business purposes.
- ☐ I agree that upon termination of employment with the university that I will delete all university data from this resource except when instructed to retain data for legal purposes.
- ☐ Prior to submitting this form, I confirm my device is properly secured as required by HITS standards for mobile device management as laid out in the linked article below.
<https://www.safecomputing.umich.edu/protect-yourself/secure-your-devices/mobile>
IT – Mobile Device Management (MDM)

House Officer's Signature: _____ Date: _____

Completed forms must be submitted to the Program Administrator or designee. Stipends will begin the month the form is received as long as it is following the first day of employment and before/on the 15th of the month. If received after the 15th it will begin the following month.

SECTION COMPLETED BY TRAINING PROGRAM

Business Use: As training program representative, I verify that this House Officer is required to use this portable electronic resource to conduct their job-related responsibilities. I further verify that this stipend pays for the business use of the resource.

Name of Individual Form Submitted to: _____

Date Received: _____

Month Cell Phone Stipend Benefit to Begin: _____

☐ Form uploaded to MedHub (Forms/Files Tab)

The program/Department is required to keep the original, completed form within the House Officer's program personnel file until completion of the training program.