

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 HOA Contract.

SECTION COMPLETED BY HOUSE OFFICER

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 UMHS Policy 01-04-502: <http://www.med.umich.edu/i/policies/umh/01-04-502.html>
- 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 receiving the first stipend, I will ensure my device is properly secured as required by HITS standards which includes, but is not limited to, installation of Intelligence Hub and Duo Two-Factor security. <https://www.safecomputing.umich.edu/protect-yourself/secure-your-devices/mobile>

House Officer Signature: _____ Date: _____

Completed forms must be submitted to the Program Administrator or designee. The stipend will begin the first full month of employment after receipt of the completed form. If the form is received after the payroll cut-off date, the House Officer shall receive the first 2 month's stipends in the second full month of employment.

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:
(first full month following date completed form received) _____

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.