Agreement for use of a MOBILE DEVICE

Please place the completed, signed form on file with the employee's current Acceptable Use Agreement, after approval by appropriate agency management and the Agency Information Security Officer (ISO) or ISO designee.

This agreement between the agency and employee identified below serves to authorize the use of a Mobile Device (MD) on and within State of Nevada network and IT facilities, whether personally owned by the employee, or issued to the employee by the agency. Any change in the particulars of this agreement, including change of Mobile Device, departure or change of employee, restructuring of agency organization, or significant change of authorized applications and/or data, require that this agreement be renewed and re-executed.

This agreement covers the following Mobile Device(s):	
E-Mail address of user:	

Agency	*Employee Name*	*Device Serial Number*	*Personal or State MD?*

The **Agency Manager** is responsible to:

- Authorize the employee's Mobile Device in support of the approved application(s) and data.
- Understand and enforce all provisions of PSP S.4.02.02 – Mobile Device Security.
- Work with the employee to establish appropriate physical and data security controls for Mobile Devices that are approved to contain state data.
- Ensure established security controls are consistently utilized by the employee.
- Assure that a security incident form is generated and appropriately filed in the event of an IT security-related incident.

The **Employee** is responsible to:

- Understand and adhere to all provisions of PSP S.4.02.02 – Mobile Device Security.
- Completely fill out this form, and submit to the agency manager for signature.
- Protect the MD and data from loss, destruction, unauthorized modification or disclosure.
- Immediately report loss or theft of the MD, or suspected IT security breach to the agency ISO and agency manager.
- Understand the device may be remotely reset to factory defaults or wiped of information in the event of a suspected security incident or risk of data loss.

The following software programs are authorized to be installed on the MD:

The following specific work related data is authorized to be stored on the MD:

Signature: _____ _____
(Employee Signature) (Date)

Signature: _____ _____
(Agency Manager Signature) (Date)

_____ _____
(Agency Manager Printed Name) (Telephone Number)

Signature: _____ _____
(Agency ISO Signature) (Date)

_____ _____
(Agency ISO Printed Name) (Telephone Number)

*The signatures above indicate understanding and acceptance of the document by the agency and employee.