

[DRAFT COPE PHONE POLICY]

COMPANY PHONE POLICY

Dear Employee,

You have been issued a company owned cell phone. Please email your [delete as appropriate] supervisor/HR representative/finance department/tech department with the model number as soon as you have received your device. Please note this is company property and should be used as such.

Outlined below are company expectations on how you should handle data usage, maintenance, and returning your device. If you have any questions, please reach out to your supervisor.

General use

- This device is for professional use only
- Your calls, texts, and online use may be monitored
- You have a data cap of [X] per month. If you feel you have reasonable cause for an increase, please make that request through your supervisor

Invoicing

- Your device's detailed bill is sent directly to the finance department each month
- Your itemized usage may be monitored

Data protection

- We expect you to reasonably protect your device from theft and data breaches. This includes but is not limited to: password protection across all apps, system accounts, and software. Do not download confidential documents on your device
- If applicable, please use face and fingerprint identification to protect your device
- Backup your device [X times a week/month/year]
- Inform your supervisor immediately if your device has been stolen or compromised

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Damage

- Ensure you have a case and screen protector for this device. You can expense this up to [X] and should submit to the accounting department within 30 days of purchase
- As soon as you notice damage with your device, inform [delete as appropriate] your supervisor/the tech dept at the earliest opportunity
- Any loss and damage to your device is your responsibility (unless it is a software error)
- If there is an issue with your device, discuss it with your supervisor *first* before seeking technical assistance

Returning your device

- Keep everything you are issued, including the device box, so it can be returned in good condition
- [add additional notes pertaining to the company's offboarding procedure]

Please sign this form to indicate you have read, understood, and agree to this policy. Return it by email to your supervisor.

Date:

Employee name:

Employee signature: