



NC Department of Health and Human Services

Cellular Telephone User Acknowledgement

By my signature below, I certify that I have received and have read copies of both the OSBM and DHHS policies on telephone usage.

I further acknowledge that I understand the rules regarding cellular phone usage and my obligations regarding State reimbursement for personal calls made or received.

The original of this signed acknowledgement will be retained in my personnel file.

Signature of Employee

Date

Signature of Supervisor

Date

Original:

HR File

Copies:

Employee
Supervisor