



LDH DEVICE ACCEPTANCE/RETURN FORM
(ONE FORM PER DEVICE/EMPLOYEE)

**Agency/Facility District TC & TL must use the same form for BOTH signature transactions for the Employee

DATE: _____

AGENCY: _____ SECTION: _____

EMPLOYEE ASSIGNED: _____ EMPLOYEE PERSONNEL #: _____

(THIS INFORMATION ABOVE SHOULD BE COMPLETED BY THE AGENCY/FACILITY TC/TL)

It is the goal of LDH to provide telecommunication services for those employees for whom it is deemed necessary to perform the essential functions of their jobs. It is further the goal of LDH to assure that such provision is the most cost efficient and effective. In compliance with the Louisiana Administrative Code, Title IV, Part 9, Chapter 9. Telecommunications device and service shall be used for official state business only. Personal use (calls, texting, data usage or tethering) is prohibited. LDH is not responsible for the purchase of personal accessories (i.e. phone chargers, cases, screen protectors, etc.)

Employee Responsibilities:

- Safeguard telecommunication device
Maintain liability for the payment of damages whenever wrongful or grossly negligent act or omission causes any loss, theft, disappearance, damage or destruction of property of their agency for which he/she is responsible as provided herein, and such damages shall be recoverable in a civil lawsuit therefore prosecuted on behalf of the State by the Attorney General.
Provide state owned asset(s) to any LDH official or their designee, at any time, for inspection of the equipment.
Remain responsible for the property until release of responsibility by the agency/district/facility TC or TL
Notify the agency/district TC or TL when the telecommunications device is no longer needed.
To prevent any damages to the device, agencies are permitted to purchase accessories (cases, cords, cubes) for the employee
Return any equipment upon termination, resignation, change in job duties, or upon request in proper working condition to the agency/district/facility TC or TL
Immediately report any lost, stolen, or damaged equipment to your immediate supervisor and agency/district/facility TC or TL
When either accepting or turning in your device, you must provide passcode and/or Apple ID/Icloud on this form
All employees assigned a device shall abide by the LDH Telecommunication Policy
No device shall be used or taken outside of the United States calling/data area – unless approval from the Commissioner

I have read and accepted the above responsibilities for the below device:

Type of Device: _____ Phone Number: _____

IMEI Number: _____ SIM CARD NUMBER: _____

(THE AGENCY/FACILITY TC/TL SHOULD HAVE THIS INFORMATION ON A WORKING SPREADSHEET AND SHOULD COMPLETE FOR SIGNATURE)

EMPLOYEE SIGNATURE-RECEIVED DEVICE DATE AGENCY/FACILITY/DISTRICT TC/TL SIGNATURE DATE

PASSCODE TO UNLOCK DEVICE

YES NO - APPLE ID/ICLOUD ON THIS DEVICE – If YES remove the ID when device returned and initial here _____

EMPLOYEE SIGNATURE-RETURNED DEVICE DATE AGENCY/FACILITY/DISTRICT TC/TL SIGNATURE DATE

**UPON REQUEST A COPY OF THIS FORM MAY BE REQUESTED BY THE LDH TC FOR RECORDING AND TRACKING PURPOSES.