

**Gloucester County**  
**Administrative Policy Acknowledgment**  
Gloucester, Virginia

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**Section:** 325.1

**Supersedes:** n/a

**Title:** Mobile Device Policy Acknowledgement Form

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**Effective Date:** 1/1/2026

**Authorized By:** County Administrator

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**Mobile Device Policy Acknowledgement Form**

I acknowledge that I have read and understand the **Mobile Device Policy**. I understand that failure to follow this policy may result in disciplinary action and revocation of mobile phone privileges. Use of a personal or County provided device for business purposes is subject to the provisions of the Freedom of Information Act. I understand that it is my responsibility to comply with the **Mobile Device Policy** and any revisions made to it.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Name (PRINT)

\_\_\_\_\_  
Date

**RETURN TO HUMAN RESOURCES  
TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE**