

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

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

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**