

Mobile Device Usage Compliance Form

Employee Information

Name

Department

Position

Device Details

Device Type

Device Make/Model

Serial Number

Compliance Checklist

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I have reviewed and understood the organization's mobile device usage policy.

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Security features (PIN, password, biometrics) are enabled on my device.

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Data encryption is enabled.

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Device auto-lock is activated.

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Operating system and applications are kept up-to-date.

Comments

Acknowledgement

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I certify that the information provided above is accurate, and I agree to follow all mobile device policies of the organization.

Employee Signature

Date

Manager Approval (if required)

Date