



Valley School District

District Cellular Telephone and Mobile Access Device Issuance and Usage Agreement

Employee Name: _____ Date: _____

Program/School: _____ Department: _____

Position Title: _____ Supervisor: _____

DISTRICT-OWNED DEVICE INFORMATION

Device Type: _____ Model Info: _____

Phone Number: _____ Serial No.: _____

Accessories: _____

Reason device/equipment and/or service is necessary: _____

CONDITIONS OF USE

1. This device/equipment will be used by the undersigned primarily for purposes related to the conduct of business for Valley School District. The device/equipment must be turned on and readily available at all times appropriate to the employee's position duties and responsibilities.
2. Use of this device/equipment will be in full compliance with district policies and procedures.
3. This device/equipment must be returned to VSD upon request for any reason and, if leaving employment with the district, must be returned prior to departure. Failure to do so will subject the undersigned to possible civil and/or criminal prosecution.

I accept and agree to the conditions of use for the device/equipment noted above, and have received and reviewed a copy of Policy #6250 and Procedure #6250P1.

Employee Signature: _____ Date: _____

I approve the employee's request for district-owned mobile device usage and service, which usage has been reviewed and deemed appropriate and necessary for the conduct of district business.

Supt./Designee Signature: _____ Date: _____