

**Employee Cell Phone/Electronic Communication Device Agreement**

The undersigned employee agrees to the following terms and conditions related to acceptance of a regular petty cash reimbursement of costs for District use and access to the employee’s personal cell phone or electronic communication device:

**Petty Cash Reimbursement Program:** I accept the District standard quarterly reimbursement for use of my personal cell phone/electronic communication device for the conduct of District business. During work hours I will make my cell phone number available to others in the District to the extent directed by my supervisor and will also maintain such after-hours connectivity as my job duties require. I will be fully responsible for selection of my cell phone provider and for payment of my cell phone/electronic communication device costs. I understand that communications related to my job duties or District operations may be considered public records and may be open to public inspection. I understand that I will receive reimbursement on a quarterly basis for the prior 3 months use.

I agree to be fully considerate of others while using my cell phone/electronic communication device. I will turn off my cell phone or set it for an inaudible alert during meetings and class time to avoid any disruption. I will not use my cell phone for any illegal, immoral or unethical activity that would reflect negatively on me or the District. If the cell phone/electronic communication device has internet connectivity, I will not use it during the work day/times to access social networking sites or websites that are inappropriate for viewing by children or to send or receive personal email communications. I will not use the cell phone/electronic communication device to send or receive text messages from students or to create audio or video recordings or photograph students or other staff members without the express written consent of the parents and students or staff members.

I agree that the contractual relationship for the use of the cell phone/electronic communication device is between me and the service provider of my choice. I agree to indemnify and hold harmless the District from any claims, causes of action or costs that may arise from this contractual relationship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Start Date: \_\_\_\_\_

This position is scheduled to work: \_\_\_\_\_ 12 mos. \_\_\_\_\_ 11 mos. \_\_\_\_\_ 10 mos.  
\_\_\_\_\_ 9mos.

Department(s) \_\_\_\_\_

Account(s) to be paid from \_ \_ \_ \_ \_

Monthly Amount: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_

Note: The employee and the school or department will retain a signed copy of this agreement. If an employee transfers to a new department/school he/she will have to submit a new Agreement form from that department/school if cell phone is required.