# The purpose of this log is to track use of cellular telephones that are checked out to multiple users. The administrator of cell phone use shall require all users to read the conditions of use and sign the form prior to use. All users shall be employed by the Everett Public Schools and authorized for use by the budget authority. This form(s) shall be forwarded to Accounting annually (July-August).

|  |  |
| --- | --- |
| Use Administrator: | Budget Authority: |
| Cellular Phone Number: | Site/Department: |

***Signature of the undersigned confirms that they have read and agree with the following conditions of use:***

1. I will make efforts to utilize a land based line prior to utilizing the cellular telephone or service plan.
2. I will adhere to the requirements defined in Board Policy/Procedure 8800/8800P and Section 1.03 of the Business Information Manual.
3. No personal calls will be placed or received on the District paid service plan. I will avoid issuing the District service plan telephone number to any individual that may call for personal reasons.
4. If accidental or emergency personal use of a District paid service plan occurs, I willpromptly reimburse the District at a rate of five (5) dollars for the first minute and one (1) dollar for each additional minute (all partial minutes rounded up to the next whole minute).
5. Cellular telephones and associated equipment are District property assigned to me for District business. I am personally responsible for its care and security at all times. I may be held liable for damage or loss occurring to the equipment during the period of its use, and shall be responsible for its safe return to the District.
6. I will avoid use of directory assistance and other services that increase operational costs.
7. I will make all efforts to avoid use by unauthorized users.
8. I will avoid use, or take extreme caution, if I do use the cellular telephone while operating a vehicle.

|  |  |  |  |
| --- | --- | --- | --- |
| **PRINTED NAME** | **SIGNATURE** | **DATE OUT** | **DATE IN** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |