Cellular Device Agreement
INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools Educating our students to reach their full potential

Series Num	ber	704.1P	A	Adopted	Ja	nuary 20	10	Revised	i <u>J</u> u	ıne 2013	
TitleA	gree	ement for	the Us	e of or S	Supp	olemental	Compens	ation for	a Cellula	r Device	
If the responsibilities of your job as an employee of District 196 require you to have the use of a cellular device such as a cell phone, smartphone or pager, you must complete this form.											
To insure di	istri	ct complia	nce wit	h state a	and f	federal law	s, choose	one of the	following	options:	
Option 1: Employee-owned Cellular Devices  If your supervisor has determined your job or program justifies the use of a cellular device for the fulfillment of your job responsibilities (refer to section 2.1 of Regulation 704.1AR, Cellular Devices), you will receive monthly supplemental compensation from the district. Depending upon the level of service deemed appropriate by your supervisor, supplemental compensation will be \$45 per month for a cell phone or \$90 per month for a smartphone and you will agree to waive any and all additional communications expense reimbursements.  **** This agreement must be resubmitted annually prior to June 30! ***  Option 2: District-owned Cellular Devices  If your supervisor has determined your job or program justifies the use of a district-owned cellular device for the fulfillment of your job responsibilities (refer to section 3.1 of Regulation 704.1AR, Cellular Devices), you must acknowledge that this cell phone, smartphone or pager will only be used for business purposes and never for personal use. The district is exempt from federal and state tax only when personal use of district-owned cellular devices is prohibited. All district-owned cellular devices are subject to periodic internal audits for compliance. Monthly statements will be reviewed by you and your supervisor.											
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Cellular Devinformation Such device features, su stored on a	or os m ch a	other priva lust not be as encrypt	ate or co e used to ion or p	onfidenti o store o oassword	al in r con l pro	formation mmunicat tection, a	stored or e private o e utilized.	received or r confiden All privat	n a cell pl tial data e or confi	none or sm unless sec dential inf	nartphone. urity
Employee name (print)								Employee number			
Employee signature								Date			
School/department  Effective date:								Cellular phone number			
Check one: □ Option 1 If Option 1, indicate level of service: □ cell phone □ smartphone □ Option 2 Provider											
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Rationale f	or c	lecision			ſ	FUND	ORG	PRG	FIN	OBJ	CRS
Principal/c	oor	dinator s	ignatur	e	Į					320	
DIRECTOR APPROVAL											
Director's	sign	ature						Date			

Submit to Accounts Payable Procedures/704.1P/06-19-13