

REQUEST FOR HANDHELD ELECTRONIC DEVICE FORM

This form must be completed by the employee or officer and approved by both the Superintendent and the Business Administrator before a handheld electronic device may be issued.

Employee's Name: _____

Title: _____

Primary Work Location: _____

Please describe why this position requires that a handheld electronic device be issued (it is recommended that the employee refer to the Board of Education Handheld Electronic Device Policy):

Anticipated amount of use (daily, occasionally, only in emergency situations, etc.):

Employee's Signature

Date

Approved by Superintendent

Date

Approved by Business Administrator

Date

HANDHELD ELECTRONIC DEVICE AGREEMENT

Name of Employee: _____
Title: _____
Handheld Electronic Device Number: _____
Rate Plan for Usage: _____

I, _____, understand that I have been issued the above-referenced handheld electronic device by Berlin Central School District pursuant to the District's Handheld Electronic Device Policy and, as required by this Policy, I AGREE to the following:

1. The handheld electronic device issued by the District is property of the District and is intended to be used primarily for business purposes;
2. I understand that the rate plan purchased for this handheld electronic device includes the following monthly allowance: _____ Minutes;
3. I agree to review my monthly usage bills for such handheld electronic device and identify any and all charges that are not related to District business and to certify to the District that the remaining calls are related to District business; and
4. I agree to reimburse the District for all such charges not related to District business within fifteen (15) days of receipt of the monthly charges for my review.
5. The Superintendent of Schools agrees to reimburse the District for minutes above and beyond the minutes allowed in the handheld electronic device plan.

Employee's Signature

Date