



Cell Phone Usage Agreement

Employee Information

Name _____

Address _____
STREET CITY STATE ZIP

Device Information

The following personal communication device is used by the employee for authorized HDESD business purposes:

Cell phone number	Description of service (voice or voice & data)	Amount

Justification

Specific justification or explanation of HDESD business use of personal cell phone:

Account Coding

The account coding will follow the employee's payroll distribution unless specified otherwise.

Account Code	Distribution %

Approvals

The undersigned agree to adhere to the provisions of the Cell Phone Procedures.

Employee Signature

Date

I confirm that there is a substantial and legitimate business need to require the employee to use their personal cell phone to conduct official HDESD business based on one or more of the following criteria:

1. Safety requirements indicate having a cell phone or device is essential to fulfilling job responsibilities.
2. The employee needs to be available and responsive on a regular basis outside normal work hours and while away from the office.
3. Job requirements include critical HDESD-wide decision making.

Supervisor Signature

Date

Executive Director Signature

Date