

CELLULAR PHONE REIMBURSEMENT

**NORTHERN HUMBOLDT UNION HIGH SCHOOL DISTRICT
Data-Only District Provided Mobile Device Employee User Agreement**

Please Print:

Employee Name: _____

School Site/Department: _____ Position: _____

EMPLOYEE CERTIFICATION:

I understand the District will provide me with a data-only mobile device for purposes related only to my employment and that such use is a privilege which may be revoked at any time without advance notice or consent. I also understand the consequences for failing to adhere to the District's regulations regarding the use of mobile devices. I further understand that any personal use of the mobile device may lead to revoking the use of such a device.

I have read, understand and will abide by the following:

1. Board Policy 3513.1, Cellular Phone Reimbursement
2. Administrative Regulation No. 3513.1, Cellular Phone Reimbursement
3. Cellular/Phone Service will not be activated on this device.

Employee Signature

Date

Superintendent (or Designee Approval)

Date

Original: Payroll Department