

STAFF ACCEPTABLE CELLULAR PHONE USE AGREEMENT

I hereby certify that I have read and understand the Clinton Community School District's "Employee Cellular Phone" policy. I accept full responsibility for my use of the District's cellular phone usage through the District in accordance with the terms, conditions, and guidelines as stated by the District in its policies and regulations and as set out in federal and state law and agree to refrain from sending or receiving any type of electronic material that would be considered inappropriate for a professional school employee. I understand that a violation of these provisions will result in the restriction and/or termination of my ability to use a District's cellular phone or phone and internet access. Consequences may also result in further discipline up to and including dismissal, and referral to law enforcement officials, as appropriate.

I relieve the Clinton Community School District and its officers and employees from any and all financial responsibility that may be incurred by my use of the District's cellular phone or internet phone usage.

\_\_\_\_\_  
PRINTED STAFF NAME

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_ District Cellular Phone (District business ONLY) - This verifies that I am only using the District Cellular Phone for District business.

\_\_\_ District Cellular Phone (Both District Business/Personal Use) - This verifies I am using the District Cellular Phone for District business and as a personal phone. I understand that my salary from the district will be deducted \$10 per month from my salary for this cell phone usage. If the usage exceeds the amount deducted I understand that it will be my obligation to pay for any additional charge.

\_\_\_ Personal Cellular Data Phone - I verify that the superintendent has authorized my use of a personal data phone and I will receive a monthly stipend of \$40 from the district for the use of my personal phone for District business.

**POSITION**

Teacher \_\_\_ Counselor \_\_\_ Office Staff \_\_\_ Admin/Super/Dir. \_\_\_ Grant Program \_\_\_ Nurse \_\_\_

Para-Professional \_\_\_ Food Service \_\_\_ Custodian \_\_\_ Transportation \_\_\_ Other \_\_\_\_\_

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**INTERNAL USE ONLY:**

Check all that apply: phone only \_\_\_ data phone access \_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_