

Findlay City School District

Cellular Phone Agreement Form

- The staff member is to read and complete this form (6.04a-F1).
 - The form is to be returned to the Network Administrator before receiving a cellular phone.
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Staff Member Name (Print) _____

School Assignment _____

I have read both the Findlay City School Policy 6.04 with respect to Findlay City School staff member receipt and use of a school district cellular phone.

I hereby agree to abide by the terms and conditions as stipulated by the policy and procedures of the Findlay City School District.

By my signature, I acknowledge receipt of a Findlay City Schools cellular phone.

Cellular Phone I.D. Number: _____

Staff Signature: _____

Administrator: _____

Date: _____

White: Human Resources

Yellow: Staff Member

Adopted 2/9/04
Reviewed 4/11/05
Reviewed 5/23/2012
Reviewed 2/19/2015