

## **407.2AF STAFF PERSONNEL USE OF CELL PHONES ACCEPTANCE FORM**

I understand that the cell phone and related equipment I am being issued is the property of the Glenwood Community School District. I agree to all of the terms and conditions in the Glenwood School District Staff Personnel Use of District Cell Phone Policy 407.2. I will return the cell phone and any related equipment I am issued in the same condition in which I receive it, reasonable wear and tear excepted.

I understand that I am responsible for any damage or loss of any component of the cell phone and/or related equipment I am issued that results from my failure to exercise due care. In case of damage or loss resulting from my failure to exercise due care, I agree that I will replace any damaged or lost component and/or equipment with components and/or equipment of equal value and functionality as approved by the District's administration.

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Cell Phone Description and Serial # \_\_\_\_\_

\_\_\_\_\_

Cell Phone Equipment Description and Serial # \_\_\_\_\_

\*Adopted: 12/13/10

\*Reviewed: 03/12/12

\*Reviewed: 11/18/13

\*Revised: 5/8/17