

**CELLULAR TELEPHONE RESPONSIBILITY AGREEMENT
FOR CUSTODIAN OF PROGRAM TELEPHONE**

I, _____, as an employee of the Northwest Educational Service District 189 (NWESD), have been assigned the responsibility of custodian for the phone noted below, have read Board Policy 6250, *Cellular/Long Distance Telephone Use*, and Procedure 6250-P, *NWESD 189 Provided Cellular/Long Distance Telephone Use Procedure*, relating to the personal use of NWESD 189-provided cellular telephones and both understand and agree to the conditions delineated therein and below:

I understand and agree I am responsible for ensuring all custody exchanges of the phone are documented and the responsibility transferred to the NWESD employee requesting use of the phone. Properly documented custody transfers to other employees will result in the phone not being considered in my custody during the transferred period.

I understand, and agree, that I (or my personal insurance) may be held personally responsible for the replacement of any NWESD provided cellular telephone assigned to me, should it become lost or stolen while in my custody. The Superintendent, or designee, shall have full authority to make this determination and I agree to comply with his/her determination. Further, by this Agreement I authorize payroll reduction for reimbursement of such costs with the understanding that NWESD 189 may choose to collect by other reimbursement method(s).

I understand additional NWESD 189 cellular telephone/PDA service charges incurred as a result of personal use while the phone is in my custody will be my personal responsibility, and should such costs be incurred, I will make payment to the NWESD 189 for full reimbursement within the same pay period. Further, by this Agreement I authorize payroll reduction for reimbursement of such costs with the understanding that NWESD 189 may choose to collect by other reimbursement methods.

I further understand and acknowledge, by signing this Agreement, that the cellular telephone/PDA records are public documents under Washington State law.

In Witness, the parties have executed this Agreement on _____ at _____ AM - PM (circle).
(date) (time)

Program Manager

Employee

Superintendent, or designee

Telephone number assigned: _____

Distribution: Completed copy to Accounts Payable
Business Office