

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

I, _____, as an employee of the Northwest Educational Service District 189 (NWESD), have been temporarily assigned the responsibility and custody of the phone with telephone number _____, 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, that I (or my personal insurance) may be held personally responsible for the replacement of any NWESD provided cellular telephone temporarily 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 methods.

I understand **personal NWESD 189 cellular telephone service charges should not be incurred** while the phone is in my custody. I further understand, that any personal charges inadvertently incurred during my period of custody will be my personal responsibility and 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 Phone Custodian Employee

As evidenced by the signatures below, the cell phone noted above was returned to the program custody on _____ at _____ am/pm (circle).
(date) (time)

Program Phone Custodian Employee

Distribution: Completed copy to Accounts Payable
Business Office