

**San Mateo County Community College District
Request/Renewal for District Issued Cellular Telephone
Fiscal Year 2009-10**

Must be reviewed annually by July 1st

Employee Name: _____ G# _____

Org. # _____ Dept. _____ Campus: _____

Job Title: _____

Cellular Telephone # (with area code): _____

CHECK ONE:

Request for a New Cellular Telephone _____

Annual Renewal _____

Agreement:

A. Employee Responsibility – Employees are responsible for ensuring that the cellular telephone is used for District Business only.

- Extenuating circumstances under which the cellular telephone is needed for personal use must be infrequent and non-routine.
- The employee is responsible for protecting the cellular telephone from damage or unauthorized use.
- District-owned cellular telephone provided to employees remains the property of the District and **must** be returned to the department manager or designee whenever the equipment is no longer needed, or if the employee terminates his/her employment with the District.

B. Review and Approval of Cellular Telephone Statements/Logs - Cellular telephone statements showing a detail of cellular telephone usage are expected to be reviewed by the department manager (or designee) on a monthly basis. The employee's supervisor shall be responsible for oversight of employee cellular telephone usage and shall monitor and review such usage periodically to ensure that use is appropriate and that prudent fiscal management guidelines are followed. This periodic review shall include an assessment of each authorized employee's continued need to use wireless devices for business purposes.

Employee Certification:

I have read the SMCCCD Procedure for Use of Cellular Telephones. I certify that use of the San Mateo County Community College District issued cellular telephone service and equipment will be used in accordance with the procedures.

Employee Signature: _____ Print Name: _____

Vice President Signature: _____ Print Name: _____

Business Officer: _____ Print Name: _____

Human Resources Received Date: _____ By: _____