

**BOARD OF EDUCATION
LICKING COUNTY EDUCATIONAL SERVICE CENTER**

PROPERTY

WIRELESS COMMUNICATION ALLOWANCE REQUEST FORM

This form must be completed by an employee when s/he, as a part of his/her job assignment, needs to use his/her personal wireless communication device (WCD) for Center business, and wishes to receive an allowance. The employee must submit this form and detailed bills for WCD to the Superintendent semi-annually for approval for reimbursement. These semi-annual periods will be set at December and June of the fiscal year in which reimbursement allowance is requested.

Employee name: _____

Job Title _____ Building _____ Cell # _____

Usage Guidelines: Any employee who applies to receive a wireless communication allowance hereby agrees to:

- Maintain an active wireless service contract while the allowance is being provided
- Pay all monthly service charges in full and on time
- Answer all business-related calls to his/her WCD and properly respond to any messages during his/her work hours
- Provide to the Superintendent his/her WCD's telephone number
- Notify the Superintendent if his/her service is interrupted or terminated
- Replace or repair the WCD as needed
- Comply with Center requests to produce copies of the wireless communications in their possession that either public records or education records, or that constitute ESI that is subject to a Litigation Hold
- If the employee decides to terminate the WCD contract the employee will bear the costs of any fees associated with the charge or cancellation
- The monthly allowance amount approved annually by the Board shall not exceed what the employ may actually be paying for the WCD

Certification;

I certify that I have read, understand, and intend to comply with Policy 7531.1, and that the foregoing and attached are true and correct.

Employee's Signature

Date

Attach to this form a copy of your current monthly invoice for WCD service plan