



District User Agreement

PORTABLE ELECTRONICS REQUEST FORM & USAGE AGREEMENT

Cell Phones – iPads – Air Cards

The Information Technology Department will forward this form to Internal Audit for processing after all signatures are acquired.

General Guidelines

- 1) The administration will assign portable electronics based on need and availability.
- 2) All users issued with SCS portable electronics must sign a District user agreement form.
- 3) Use of the District’s portable electronics for District business use only.
- 4) Users may be held financially responsible for lost, stolen, damaged, or abused portable electronics.
- 5) Cell phones are intended for business use only; any personal calls will be subject to usage charges and/or penalties as established by SCS policy **4013, District Cell Phones/Personal Communication** Devices Policy.

Internal Audit

The Internal Audit Department shall have at its discretion, the right to inspect, audit or examine the use of District cell phones and the disposition of all District portable electronic devices as deemed necessary to safeguard the assets of SCS.

Agreement

Shelby County Schools Policy: 4013 establishes the guidelines for cell phones and portable electronic devices provided by the District. All employees who are assigned District portable electronic devices are responsible for adhering to this policy.

I have read, understand, and agree to comply with **Memphis-Shelby County Schools** Districts’ portable electronics procedures. By accepting and utilizing a District cell phone or other portable electronic device. I authorize the District to withhold from my payroll check any funds necessary to cover any unauthorized cell phone charges and/or charges for lost, stolen or damaged equipment/devices.

Employee Signature

Employee Name (Printed)

Date

I, _____, have approved the portable electronics for the above-mentioned employee.
Supervisor’s Name (Printed)

Supervisor’s Signature

Date

To be completed by the Procurement Department

Assigned Portable Electronic Equipment

Equipment Requested: iPhone iPad Wireless Air Card Internal Air Card

Assigned Number: _____ Model: _____ Serial: _____

Other: SCS ID #: _____ Manufacturer: _____ Model: _____



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Purpose: This form supports SCS Policy #4013 *District Cell Phone/Personal Communication Devices*. It is used for the following:

- Requesting new or replacement devices for Directors and above
- Requesting a user exception to the policy for employees who are not Directors or above
- Recording acknowledgment of the District User Agreement

Instructions: Please complete the *Portable Electronic Request, User Exception Request* (if applicable) and District User Agreement sections of this form. Be sure to obtain the proper signatures from your area. Complete and attach this form to a Service Request at: <https://mscsk12-ivanticloud.com> – If additional assistance is needed, please email **Kimberly Holliday, HOLLIDAYK1@SCSK12.ORG / MSCS Information Technology, 3772 Jackson Ave, Memphis, TN 38108**

New Activation or Replacement Equipment - *If Replacement (provide phone #)* _____

User's Name: _____ Office Phone: _____
 Title: _____ Date: _____
 Location: _____
 Email Address: _____
 Budgetary Code: _____

Justification for Request:

Equipment Requested: iPhone iPad Wireless Air Card Internal Air Card

DEPARTMENT APPROVALS:

Regional Superintendent/Departmental Chief: _____ Date: _____
 Chief Information Officer: _____ Date: _____
 Chief Financial Officer: _____ Date: _____

Complete this section only if the user is not a Director or above

Justification for this Exception Request:

Exception Approvals:
 Superintendent/Designee: _____ Date: _____



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Number Assigned: iPhone: _____ iPad: _____ Air Card: _____

Acct# AT&T: _____ If **SIM** card activation is required, indicate SIM card number _____

Procurement Designee _____

By my signature below, I certify that I received the equipment requested for the requisition. It is my responsibility to notify Procurement Services of service cancellation.

Receiver: (Print and Sign) _____ Date: _____