

DKD

CELL PHONE POLICY REQUEST FORM

REQUEST FOR EMPLOYEE PERSONAL CELL ALLOWANCE

Employee Name: _____

Job Title: _____

Email: _____ District Phone: _____

Department: _____

School / Location: _____

Employee cell phone number: _____

Equipment to be used: ☐ cell phone ☐ smart phone (email and web capable)

Reason for the request (check all that apply or provide an explanation under “other”):

☐ The nature of my assigned work requires substantial travel and limits my ability to use the office or other municipal communication devices including in-house or city-wide radios;

☐ Due to frequent and prolonged time out of the office, a communications device is required to support departmental operations;

☐ The nature of my assigned work requires me to be reasonably available outside of normal office hours;

☐ The nature of my assigned work is critical to the District’s operation and requires a prompt and immediate response;

☐ Other: _____

OPTION 1: MONTHLY ALLOWANCE REIMBURSEMENT OPTIONS:

☐ \$20.00 Monthly Allowance (cell phone) OR

☐ \$40.00 Monthly Allowance (smart phone)

OPTON 2: DISTRICT-PROVIDED DEVICE POLICY

☐ Request for a district-supplied device

OPTION 3: EMPLOYEE OPT-OUT

☐ I choose to opt out of the program. I do not want to use my personal cell phone for school business, nor do I want the district to provide me with a device. In the event of an emergency, I can be reached at the following phone number: (__)____ - _____

ACKNOWLEDGEMENTS

Appropriate payroll taxes on the allowance amount will be withheld from the paycheck, and the amount of the allowance will be included on the year-end W-2. The allowance does not constitute an increase to base pay, and will not be included in the calculation of annual increases or benefits based on salary.

I hereby acknowledge that I have received a copy of the School Districts Cell Phone Usage Policy (DKD) and have been requested to read the policy carefully and to keep a copy for further reference. I understand that I must notify Human Resources of any change to cell phone number. I have been encouraged to direct any questions that I may have to the Human Resources Department either in person or by calling 603-966-1000.

Signature of Employee _____ Date _____

Approved by Chief Operating Officer _____ Date _____

Please send completed form to Human Resources Department

Legal Reference:

Legal References Disclaimer: *These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.*

Board Approved: 07/10/2017