

Portable Electronics Request Form & Usage Agreement

Cell Phones – iPads – Air Cards



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 acknowledgement 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. Email the completed form to mobiledevicerequests@scsk12.org or send to: Mobile Device Requests, *Information Technology, 3772 Jackson Ave, Memphis, TN 38108*.

PORTABLE ELECTRONIC REQUEST

PLEASE PRINT

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

User's Name: _____ Office Phone# _____

Title: _____ Date: _____

Location: _____ Loc. No: _____
(Department/School/Division)

E-mail 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: _____

USER EXCEPTION REQUEST

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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DISTRICT USER AGREEMENT

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 SCS portable electronics must sign a District user agreement form.
- 3) Use of the District's portable electronics is 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 Shelby County Schools District's 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 Type:	iPhone <input type="checkbox"/>	iPad <input type="checkbox"/>	Air Card <input type="checkbox"/> Other <input type="checkbox"/> _____
Assigned Number:	_____	Model:	_____ Serial # _____
Other: SCS ID#	_____	Manufacturer:	_____ Model: _____

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FOR USE BY PROCUREMENT SERVICES ONLY

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

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

Procurement Designee _____

CELL PHONE/PORTABLE DEVICE RECEIPT

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

Receiver: (Print and Sign) _____ Date _____