## Mobile Communication Services Application and Acceptable Use Policy

It has been determined that it is in the best interest of the Sumter School District for you to be provided access to a cellular phone or other mobile communication device. The purpose of supporting such services is to improve employee productivity and organizational efficiencies, enhance routine business communication, and help coordinate and communicate emergencies. Only employees who have a demonstrable business need shall be provided any such service and must be approved by the program administrator and Director, Senior Director, Assistant Superintendent or Superintendent. The provision for authorization and use of mobile communication services are directed through School Board Policies 7530.01 & 7530.02.

Mobile communication devices include all wireless communication devices that have the ability to communicate to those outside of specific governmental agencies. They may include, but are not limited to cellular telephones and wireless internet or electronic mail access devices.

The following factors shall be considered before the approval of mobile communication services that will incur a District expense:

- 1. Suitable, more cost-efficient means of communication not readily available
- 2. Significance of time the individual is away from regular telephone service or network access (Moving vehicle use should be in non-hazardous driving situations only)
- 3. Importance of prompt communication to routine job responsibilities
- 4. Responsibility level in emergency situation(s)
- 5. Expectation of significant communication needs during non-office times

It is understood that some responsibilities and situations require enhanced communication. However, these are business communication devices for business purposes as outlined above and all documentation, <u>including phone bills may be public documents</u>. The Sumter District School Board, in order to meet its business needs while remaining in compliance with IRS regulations, have formulated two options for agreement. Choose an option below:

OPTION 1: Employee purchases their own communication device and receives a supplement to defray some of the cost, as approved by the immediate supervisor, Senior Director and Assistant Superintendent. This is treated as nontaxable income and reported on the employees W-2 as "other income". Under current US tax code the employee may be required to submit evidence that the amount paid annually exceeds the amount reimbursed.

OPTION 2: Employee may use a District owned wireless communication device for "Business Use Only". No personal usage will be allowed. The employee's supervisor must sign off on this option and it will be the supervisor's responsibilities to audit the bill and ensure only business calls were made. Note that this plan is for Florida calls only, any out of state calls will cause charges. Directory assistance is not covered in this plan, please use a regular phone when possible.

The provision of such service or cost defrayment is optional and may be cancelled at any time due to abuse, budget restrictions, or as otherwise determined by the Superintendent or designee.

Terms of this agreement are as stated above and as follows:

User and their supervisor are responsible for invoice review and reconciliation.

The most cost effective plan will be selected and service or reimbursements may be cancelled without notice.

Invoices for district provided services are public records and may be reviewed or audited at any time.

District owned device loss or abuse may result in the individual reimbursing the District at prevailing cost.

Good judgment is required and illegal or unethical use will be grounds for disciplinary action.

Employees provided such services particularly to provide access during non-working hours, will routinely check and return communications as needed. Ongoing failure to meet this requirement may result in loss of reimbursement or services.

It is required that employees and school officials lock and password protect their WCDs when not in use.

I agree to install and utilize the Raptor Alert mobile panic App.

I have read, understand and agree to be responsible for, and abide by the rules and regulations contained in this Acceptable Use Policy and provisions of School Board Rules 7530.01 & 7530.02.

TELEPHONE NUMBER FOR THE DEVICE(S)			
SERVICE OPTION SELECTED (Select)	①	2	
FUNDING SOURCE (Project # or General Fund and Cost Center)			
Employee Name (Print)			-
Employee Signature			_ Date
Supervising Administrator's Signature			Date
District Authorization			Date