EMPLOYEE ACKNOWLEDGEMENT

I,		, certify that I have received
and have read t	Print employee name he City's policy governing City-issued	
I ha	ve chosen the following option (please	check one):
	I agree that I will not use the City cell phone for personal calls except in emergency situations or as noted in Section 3.1.d of the policy. If I violate this policy, I understand that I will be required to reimburse the City for charges incurred and I may be subject to disciplinary action, up to and including termination of employment.	
	I elect to reimburse the City for the use of the line. (Must have Department Head approval.)	
	 The cost will be based on 50% of the amount the provider charges for cellular service and 50% of the cost to have data, i.e., email and messaging. The phone cost will be paid through payroll deduction. I acknowledge that any data, i.e., email, text messaging, and social media on the City-issued phone are subject to FOIA compliance. It is my responsibility to insure that the appropriate payroll deduction is being made. I understand that having insurance on the phone is recommended, that the insurance will be at my expense and that the responsibility for the cost of replacing a lost or stolen phone is mine. I agree to pay the City's replacement cost if I leave employment and fail to turn off "Find My iPhone", thus making the phone unusable. 	
	I will use my personal cell phone for City business and will apply for reimbursement as outlined in the policy.	
	I am not issued a City cell phone and will not use one.	
Employee Sign	atura	Date
Employee Signature		Date
Department Head Signature (Item 2 only)		Date