

Provo City School District
Policy Series 6000 Finances and Operations

6260 F1

Wireless Communication

ALLOWANCE AUTHORIZATION

I have determined that (employee name) _____'s job functions require the use of a wireless communications device. For non-compensatory business reasons, I request this employee receive a monthly wireless communications allowance of \$60.

This employee's job functions require a data plan. Yes _____ No _____

Immediate supervisor's Signature: _____ Date: _____

Approval

Allowance will be charged against Accounting Code:

Principal / Director: _____ Date: _____

I, (employee's name) _____ acknowledge that by receiving the monthly wireless communications allowance, I must provide to my immediate supervisor and the District, a wireless communications contact number. I acknowledge that this number may be published in a District phone directory for District business uses and purposes only. I commit that I will be reasonably available via the provided number during times established by my immediate supervisor for District business purposes. I further acknowledge that the allowance is sufficient for a plan which includes data if required by my job duties.

Employee Signature: _____ Date: _____

Employee Wireless Communication Phone Number: _____

Allowance Termination

Termination of Wireless Communication Allowance for (employee name) _____ will terminate on:

Effective Date: _____

Employee Signature: _____ Date: _____

Principal / Director: _____ Date: _____

Modified: June 27, 2013