



**Wireless Communication Use Agreement  
For ESD-Owned Devices  
Form 6250-F2**

I, \_\_\_\_\_, as an employee of Educational Service District No. 112 (ESD) assigned to a position requiring cellular telephone or other wireless device access in order to provide the level of support and service required by my assigned job responsibilities and duties, have read Board Policy [6250 Wireless Communications](#) and [Procedure 6250-P2 ESD-Owned Cell Phones/Wireless Communications](#), and both understand and agree to the conditions delineated therein and below:

I understand, and agree, that I may be held personally responsible for the replacement of any ESD-owned wireless communication device assigned to me, should it become lost or stolen while in my care and due to my negligence. The Superintendent, or designee, shall have full authority to make this determination and I agree to comply with his/her determination.

I understand additional service charges incurred as a result of personal use of ESD-owned devices shall be my personal responsibility and should such costs be incurred, I will make payment to ESD for full reimbursement of determined costs. Further, by this Agreement, I authorize payroll reduction for reimbursement of such costs if direct payment by me is not practical.

I further understand and acknowledge, by signing this Agreement, that my wireless records on ESD-owned devices are public records under Washington state law.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Date*

Device Assigned:	
ID #:	
Issued by:	
Date Device Returned:	
Received by:	