

**Administrative Regulation #6720**  
**Board Policy# 6720**

**Administrative Regulation**  
**CELLULAR COMMUNICATIONS DEVICES**

1. Cellular communications devices may be issued to BOCES employees only in accordance with the BOCES Cellular Communications Devices Policy. In order to have a cellular communications device issued, the employee must complete a “Request for Cellular Communications Device Form” and obtain approval of the issuance of the device by his or her supervisor, Director, and the Assistant District Superintendent for Management Services.
2. Prior to issuance of a cellular communications device the employee must complete the “Cellular Communications Device Agreement.”
3. Cellular communications device usage will be monitored on a quarterly basis. Quarterly cellular communications device usage statements will be provided to the employee with a direction that all personal calls be identified. Any personal calls over the plan usage allowance will be the responsibility of the employee. The employee is required to reimburse BOCES by check or money order within fifteen days of receipt of the statement.
4. Cellular communications device issuance and usage is subject to periodic review by the employee’s Division Director and the District Superintendent.

Approved by DS Staff \_\_\_\_\_  
2/14/08  
(Date)

# CELLULAR COMMUNICATIONS DEVICE AGREEMENT

**Name of Employee:** \_\_\_\_\_

**Title:** \_\_\_\_\_

I, \_\_\_\_\_, understand that I have been issued the above- referenced  
(Name of Employee)  
cellular communications device by Capital Region BOCES pursuant to the BOCES  
Cellular Communications Devices Policy and, as required by this Policy, I AGREE to the  
following:

1. The cellular communications device issued by BOCES is property of BOCES and is intended to be used primarily for business purposes;
2. I agree to review my monthly usage bills for such cellular communications device and identify any and all charges that are not related to BOCES business and are over and above the monthly allowance, and certify to BOCES that the remaining calls are related to BOCES business;
3. I agree to reimburse BOCES for all such charges not related to BOCES business within fifteen (15) days of receipt of the monthly charges for my review.

**Signed:** \_\_\_\_\_

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

# REQUEST FOR CELLULAR COMMUNICATIONS DEVICE FORM

*This form must be completed by the employee and approved by the employee's Division Director and the Assistant District Superintendent for Management Services before a cellular communications device may be issued. Once approvals are obtained the employee must complete and submit the Cellular Communications Device Agreement Form to the Division Director who will approve/disapprove and submit to the Assistant District Superintendent for Management Services, if approved before the device will be issued.*

**Employee's Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Primary Work Location:** \_\_\_\_\_

**Please describe why this position requires that a cellular communications device be issued. Also, please check the box next to each type of service requested.**

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- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Phone Only     | <input type="checkbox"/> Email          | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> Text Messaging | <input type="checkbox"/> GPS            | <input type="checkbox"/> Direct Connect  |
| <input type="checkbox"/> Camera         | <input type="checkbox"/> Wireless Modem | <input type="checkbox"/> Pager           |

**Anticipated amount of use (daily, occasionally, only in emergency situations, etc.):**

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**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Supervisor:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Division Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assistant District Superintendent for Management Services:**

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

**PLAN CHOICES:**

- Verizon     Nextel Sprint     Cingular     USA Mobility (Pager only)