



CELLULAR PHONE REQUEST/AUTHORIZATION

As per Onondaga-Cortland-Madison Board of Cooperative Educational Services (OCM BOCES) formal policy, the employee listed below requests authorization to have access to BOCES cellular phones and cellular services. The request is made in order to enhance work productivity and increase cost effectiveness. The employee is financially responsible for damage to the cellular equipment resulting from misuse. Further, the employee will be financially responsible for any personal calls. Cellular phone access is limited to those employees meeting the criteria described in Board Policy and access privileges may be revoked at any time.

Employee - Print Name

Onondaga **Cortland**
Primary Work Location - County (check one)

Budget Code To Charge

Employee Signature

Print Name

Date

Phone type (to be completed by supervisor): Standard flip phone Flip phone with texting iPhone

Immediate Supervisor Signature

Print Name

Date

Program Administrator Signature

Print Name

Date

Assistant Superintendent for Administration Signature

Andrew DiBlasi

Print Name

Date

To Be Completed by Facilities Office

Number Assigned: _____ Date: _____ Personal Use Form: _____

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES
SOLE SUPERVISORY DISTRICT
ONONDAGA-CORTLAND-MADISON COUNTIES**

In accordance with Board of Education Policy 4340, employees may choose to use the BOCES cell phone for reasonable personal use and will pay an annual fee for such use. The annual fee will be divided and paid through payroll deductions over 20 pay periods beginning September 15, 2018 OR however many pay periods left to June 30, 2019.

Annual fee for personal use

- Basic cell phone: \$84 (\$4.20 per pay period)
- Basic cell phone with unlimited text messaging: \$144 (\$7.20 per pay period)
- iPhone: \$276 (\$13.80 per pay period)

Please complete the information below and select one of the personal use options:

Employee Name (please print):

Position:

Cell Phone Number (if known at this time)

PERSONAL USE FORM

- I elect NOT to use the BOCES cell phone for personal use
- I elect to USE the BOCES cell phone for reasonable personal use in 2018-2019 and agree to reimburse BOCES at the rate appropriate for my assigned cell phone as designated above. I agree that the annual fee will be deducted from my paycheck over 20 pays OR the number of pays remaining to June 30, 2019.

Signature: _____ Date: _____

Return completed form to Terri Redhead via email at tredhead@ocmboces.org or via interoffice mail at OCM BOCES, Main Campus-Business Office or PO Box 4754, Syracuse, NY 13221