



Duplin County Schools

Employee Mobile Device Use Agreement

Name: _____

School or Department: _____

Position: _____

Address: _____

Phone Number: _____

Assigned Equipment:

Item	Manufacturer	Serial Number	Fixed Asset No.

Please read the following statement and procedures; sign agreeing to the conditions of use.

I understand I am responsible for the equipment assigned to me. I will be responsible if it is lost, stolen or damaged. I agree to return the equipment to Duplin County Schools in the condition that it was given to me. The following procedures apply if it is not returned in that condition.

- 1st incident of damage – if there is a \$50 charge to repair the device, it will be the responsibility of the school to pay the fee. A replacement will be given if the device is required to fulfill the responsibilities of the position.
- 2nd incident of damage – the employee will pay a \$50 damage fee; a replacement will be provided for daily checkout during school hours if the device is required to fulfill the responsibilities of the position.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Effective September 25, 2013