

TRUMBULL COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Policy

Section 10.8 BPM

TELEPHONES, CELLULAR TELEPHONES, AND WIRELESS COMMUNICATIONS DEVICES

I acknowledge that I have been provided with a complete copy of Policy 10.8 "Telephones, Cellular Telephones, and Wireless Communication Devices" and that I have read and understand the provisions of this policy. I agree that the Board may make changes to this policy and that I will abide by any such changes. I understand that if I am required to use my personal cellular telephone or wireless communication device as a condition of my employment that I will receive a monthly allowance to offset a portion of the cost of my wireless service. If, during the time I am using my personal cellular telephone or wireless communication device for employment purposes, it becomes lost or stolen, I will notify my supervisor immediately. I understand the Board, at its sole discretion, has the option to erase any and all information considered to be content of the Board or Board record on my device.

My signature below indicates that I agree to follow all of the provisions of these policies. I further understand and agree that I may be disciplined up to and including termination for violation of this policy.

Employee Printed Name

Employee Signature

Date