CITY ISSUED WIRELESS DEVICE ACKNOWLEDGEMENT FORM

Department/Division:_____**Date:** _____

Employee's Name:_____ **Position:** _____

Wireless Equipment Description: _____

Reason wireless device is necessary *(check all that apply)*:

- ☐ Employee must conduct City business while in thefield
- ☐ Employee has a critical need to maintain accessibility with other departments in order to insure uninterrupted customer service
- ☐ Employee is in a public safety position that requires immediate and directcommunication

Requested by:
Department Director Signature:_____Date_____

Approved by:
City Administrator Signature:_____Date _____

THE CITY ISSUED WIRELESS DEVICE ACKNOWLEDGEMENT FORM MUST BE REVIEWED ANNUALLY BY THE DEPARTMENT DIRECTOR TO DETERMINE IF THE ASSIGNMENT CONTINUES TO BE JUSTIFIED.

I have received a copy of Policy 6.03 – Telephone & City Issued Wireless Telephone Devices. I understand and agree it is my responsibility to read and abide by the policy, and that I should consult my supervisor or the Human Resources Department if I have questions.

I agree to use the communication systems for City business as appropriate and in compliance with the policy. I understand that while minimal personal usage will be allowed, it must not interfere with my productivity. I know that accessing or distributing any material that is inappropriate, offensive and/or sexually explicit will not be tolerated by the City. All information accessed, communicated or distributed must be in compliance with all City and departmental policies.

I acknowledge that all City communication systems are considered to be City property and may be accessed at the time by authorized officials of the City. Employees do not have privacy rights in the use of City communication equipment and the messages, data, access to or distribution of such material is subject to Open Records.

I acknowledge that any violation of this policy can be grounds for corrective action, up to and including termination of my employment.

_____	_____	_____
Employee's Printed Name	Signature	Date

Appendix E
Form 28