



Appendix D

Cell Phone Authorization - ALLOWANCE

See Procedure 607-A for terms and conditions governing cell phones

Name: \_\_\_\_\_

Position: \_\_\_\_\_ School/Department: \_\_\_\_\_

Authorization is requested for:

Monthly cell phone allowance

in the amount of

- Cell phone allowance of \$ 50.00 per month for \_\_\_\_\_ (10 or 12) months per year
 Cell phone allowance of \$ 30.00 per month for \_\_\_\_\_ (10 or 12) months per year

I agree to the following:

- 1. I will provide my cell number for internal publishing  Yes
2. My Cell number is : \_\_\_\_\_
3. I will and/or have a plan that meets minimum requirements  Yes
4. If I no longer require the phone I will remove all KPDSB related Information and restore phone to factory settings  Yes
5. I will advise immediately if my phone number changes  Yes

Budget Accounts to be charged (specify % breakdown if more than one account):

\_\_\_\_\_

Employee Agreement

I have read the KPDSB Procedure 607-A dated June 18, 2019 and agree to its terms and conditions.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorization

I/we hereby authorize the above cell phone allowance and the charge to budget account(s).

Supervisor's Signature (if not a Superintendent) \_\_\_\_\_

Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Procurement Approval

Procurement & Payables Officer's Signature \_\_\_\_\_

Date \_\_\_\_\_