

ELECTRONIC COMPUTING DEVICE AGREEMENT

Every staff member must read and sign below:

I have read, understand, and agree to abide by the terms of the Lakeland Jt. School District policies regarding Policy No. 5335 - Employee Use of Electronic Communication Devices. Should any violation or misuse of the device occur while it is in my custody, I understand I shall be subject to disciplinary action and will forfeit any fees paid for use of the device, regardless of whether the misuse was committed by me or another person.

- I accept full responsibility for the safe and secure handling of the device for this school year.
- I accept full responsibility for the proper use and safeguarding of the device under all applicable policies.
- I understand that it is my responsibility to immediately report any damage, theft, or problems with the device to the designated administrator.
- I agree to return all devices in the same physical condition as they were received, including removing any personalized items added to the device.

User's Name (Print) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Signature: _____