

## **Duplin County Schools**

## Employee Mobile Device Use Agreement

Name:			
School or Departme	ent:		<del> </del>
Position:			<del></del>
Address:			<del> </del>
Assigned Equipme	ent:		
Item	Manufacturer	Serial Number	Fixed Asset No.
Please read the following	statement and brocedure	es; sign agreeing to the condit	ions of usa
I understand that the de	evice is property of Dresponsible for the car	uplin County Schools and	that the device is assigned to me. make every effort to keep the
In the event that a distr school administrator.	ict-issued device is los	t or stolen, the employees	should immediately notify the
•	device. All devices ar	re tagged with an asset labe	n County Schools may aid the el and barcode label. At no time
* '	•		long with any issued accessories; e returned to the school's media
	•	e Duplin County Schools' 4312/7320 Technology R	guidelines regarding district esponsible Use).
Employee Signature:			Date:
Supervisor Signature:			Date: