



## Maine Administrative School District #75

### Staff Repair Coverage Fund

Dear Staff,

You are receiving an MSAD #75 owned and issued laptop. This laptop will be used as part of your responsibilities as an employee of MSAD #75.

MSAD #75 offers the Laptop Repair Coverage Fund to help offset any unforeseen damages related to the laptop. You may elect to purchase this coverage for your MSAD #75 issued laptop.

For a one-time yearly fee, the coverage addresses any accidental damage that occurs to the laptop. Participation in this fund is **optional**. The coverage is paid from a one-time deduction of \$10 from your paycheck, usually occurring on the second pay in October. This deduction amount is determined annually and is based on the current balance of the fund and the most current replacement value of the devices. The account in which these funds are deposited will be managed independently.

The Acceptable Use Policy for MSAD #75 applies to all employees regardless of whether or not you opt to contribute to the fund. Wanton and willful destruction or negligence is not covered. The fund covers the laptop and not the behavior of the user or the people around the laptop.

All staff must return the device in the condition in which it was received.

This form must be completed at the time in which the laptop is picked up for use. Enrollment after the device has been picked up is not available.

Please check the appropriate box below and complete the form.

\_\_\_\_\_ *I have elected to purchase the Staff Repair Coverage Fund and agree to the terms stated above. I have also read the Laptop Care document and watched the Laptop Care video.*

\_\_\_\_\_ *I have elected **not** to participate in the Staff Repair Coverage Fund. I accept all responsibility for the MLTI MacBook should it be accidentally damaged, lost, stolen, or intentionally damaged. I have also read the Laptop Care document and watched the Laptop Care video. I agree that I cannot enroll in the fund until the following year and am responsible for paying for all non-warranty costs.*

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**For internal use only:**

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**Received:** \_\_\_\_\_