



**Tucson Unified School District
District Cell Phone Application Form**

Policy # EJG – E1

Employee _____ Phone Number _____

Position Title _____ Regular Work Hours _____

Supervisor's Name _____ Title _____

Department/Site _____

What essential functions describe the department's work outside of their office?

What essential functions describe the department's work that makes it important to have a District Cell phone?

What are the customer service needs that justify this department to have a cell phone?

What is the benefit to TUSD if this department is using a District cell phone?

Employee Signature

Date

Supervisor Signature

Date

Department Director

Date

Superintendent or
Assistant Superintendent

Date