Tucson Unified School District
District Cell Phone Application Form

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 __________________

EJG-E1-Telephone Usage Exhibit #1 FR 9-9-11
EJG-E1

Revised: 05/14/12