



City of San Antonio
Solid Waste
Management Department

Employee Acknowledgement Form
SWMD Policy 02-01
Electronic Device Usage

Employee:

- By signing below, I understand and agree to all conditions of issuance of a City-owned Electronic Device.
- I acknowledge that I received a copy of SWMD Policy 02-01 Electronic Device Usage and agree to adhere to the policy.
- I am responsible for all personal calls, long distance and roaming charges that are applicable to all personal usage.
- I understand that all electronic devices are to be used for City business only.
- I understand and agree that I will not use any City-owned electronic devices in an unsafe manner while operating a motor vehicle or other equipment provided by the City. I also apply the same required safety considerations while using my personal vehicle.
- I will make reimbursement to the department for all personal calls and damages within sixty (60) days of receipt. Said reimbursement will include charges for personal minutes, long distance, text messages and roaming charges and applicable taxes.
- I understand that when the electronic device is lost I need to notify my supervisor immediately.
- I understand in cases of cell phones being lost I will be responsible for any surcharges.
- I understand and agree if I lose any electronic device I am responsible for paying for its replacement unless sufficient evidence can be supplied that the device was stolen or lost outside my control.
- I understand and agree that in the event that I do not adhere to any part of this agreement or the policy, I may be subject to the Solid Waste Management Department Progressive Policy disciplinary action.

Employee Name (print)

Date

Employee Signature

SAP#

Supervisors Name (print)

Supervisor Signature

SOLID WASTE MANAGEMENT
SWMD Policy 02-01- Electronic Device Usage
Issue, Replacement and Overage Authorization Deduction Form

Name: _____ SAP# _____

The above employee was issued with the following equipment/electronic device to use in conjunction with their employment with the Department. The replacement costs that will be deducted for lost or damaged items are listed next to each item:

Item	Replacement /Repair Cost	Date Issued	Employee's Signature of Receipt	Issuing Supervisor's Signature	Authorized Supervisor Signature Accepting Returned Item
Digital Camera	\$121.00				
SD cards	\$47.67				
Air Cards	\$249.99				
IPad _____	\$249.99-\$829.99				
IPhone _____	\$449.99-\$649.99				
AT&T Sonims XP5	\$269.99				
Holsters	\$24.50				
AT&T Galaxy 5 Active	\$349.99				
OtterBox	\$35.00				
Laptops	\$1,600				
Motorola TC55	\$1,368				
Scan Finder	\$733.56				
Other					

I understand that I have been issued with the following Electronic Devices as part of my employment with the Department of Solid Waste Management with the City of San Antonio. The items listed above are to be used in conjunction with my employment and responsibilities for my current position and are not to be used for personal reasons.

I understand that this repayment amount is not voluntary and that this serves as my written consent for the City to authorize payment from my paycheck.

SWMD 02-01 Electronic Device Usage states that employees who do not repay the above costs are subject to discipline up to and including termination. The City may pursue all legal remedies available to collect any owed funds should the employee refuse to repay a replacement or overage cost.

When the amount owed is less than a one hundred dollars (\$100), the employee is required to pay the amount owed in full through one payroll deduction (as long as this action does not reduce the employee's paycheck or pay voucher below minimum wage.) When an employee is required to reimburse between one hundred dollars (\$100) and one thousand dollars (\$1,000), the employee will arrange a payment schedule with the City (through the department) to make installment payments or payroll deductions of a minimum of \$25 per pay period. Any payment due in excess of one thousand dollars (\$1,000) must be repaid to the City immediately by the employee.

Employee Signature: _____

Date: _____

AP Asset Tag # _____ Asset Tag # _____ Asset Tag # _____