

Device Contract

Purpose

The Device Contract outlines the terms and conditions governing the use of digital devices provided by Grande Yellowhead Public School Division (the “Division”) to its staff. It clarifies ownership, defines acceptable use, establishes security protocols, and outlines procedures for maintenance, repair, and loss or theft. By defining expectations and responsibilities, this contract aims to promote a secure and productive technology environment for all Division staff.

By signing this document, you agree and understand the following:

Ownership:

- All devices, including computers and mobile devices, remain the property of the Division.
- Staff must return devices to their supervisor who will ensure the device(s) are returned directly to the Technology Department upon job reassignment, or employment termination.

Responsible Use:

- Devices are strictly for conducting Division business and not for personal use.
- Usage is governed by *AP 140 - Responsible Use of Technology* and *AP 140 - 02 Staff Responsible Use of Technology Agreement*.

Security Responsibilities:

- Staff must take all reasonable precautions to prevent loss, theft, damage, and unauthorized use of devices. This includes:
 - Storing devices in a locked and secure environment when not in use.
 - Avoid leaving devices in vehicles, especially in extreme temperatures.
 - Never leave devices unattended in unsecured locations.
 - Keeping devices in sight at all times while in public places.

Repairs and Maintenance:

- Staff must abide by *AP 143 Procurement and Maintenance of Technology* and *AP 143 - 04 Technology Service Desk Tickets* for all repairs and maintenance.
- Repair and replacement costs are the responsibility of the school or department to which the staff is assigned.

Loss or Theft:

- Staff must immediately alert their supervisor and the Technology Department of any any loss or theft of Division technology.
- The Division is not obligated to replace lost, stolen, or damaged devices.

Staff Information

Staff Name: _____ Staff Title/Role: _____

Staff Site and Department Designation: _____

Device(s) Information

Device	Serial Number	Date Issued	Employee Initial ACKNOWLEDGE RECEIPT	Date Returned	Supervisor's Name and Initial ACKNOWLEDGE RETURN

By signing below, I acknowledge that I have received the devices listed above and have read and agreed to the conditions listed above and in the additional mentioned Administrative Procedures.

Employee Signature: _____

Date: _____