



Mobile Computing Device Insurance Authorization for Payroll Deduction

Issued To:					
Emp Type:	Permanent	Single School Year	Summer Only		
Device being insured (BSD Staff Filled Out)					
Make:		Model:			
Serial No:		BSD Id:			
Device being replaced (BSD Staff Filled Out) *					
BSD Id:		Reason:	Replacement	Broken	Stolen

I hereby authorize Bellevue School District to make an annual deduction of \$25.00 from my pay warrant for the purpose of paying an insurance premium to insure my mobile computing devices (e.g. Laptop, Tablet, iPod, etc.). I understand a deduction for the full amount will be taken once a year at the end of October, except for employees hired after that date. The deduction may not be divided over monthly pay periods and no prorated refunds will be made in the event of termination of employment. Teachers hired for Summer School will be charged within the first two pay periods.

I understand that, in the event of loss or damage, I will be responsible for a \$100.00 deductible payment taken at the time of repair/replacement.

This authorization will remain in effect until revoked by me in writing or upon my termination of employment.

For Single School Year (Substitutes) and Summer School Only, this authorization is only for the _____ school year.

Signature

Date

Printed Name

Please submit to the Help Desk (x4321)