

**LONG DISTANCE ACCESS CODE POLICY  
ACKNOWLEDGMENT**

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**I have been given a personal telephone long distance access code that provides me authorization to make long distance telephone calls on any telephone of the North Mississippi Regional Center. I fully understand that all long distance telephone calls I make using this personal access code will be for conducting the business of the North Mississippi Regional Center. It is further my responsibility to maintain strict confidentiality of this personal access code since I will be held personally responsible for any calls made with this code. I also understand that it is my responsibility to maintain any logs, records or other information of my long distance telephone calls that may assist to clarify or explain any calls made.**

**I understand that any unauthorized long distance calls resulting from any violation of this policy may result in reimbursement for all long distance calls, loss of the long distance access code and disciplinary action that may include termination of employment.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_