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***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

***Personal Cell Phone Review***

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

* I acknowledge that all contact information related to individuals receiving services and all Sanilac County Community Mental Health materials (i.e., texts, emails, etc.) have been deleted from my personal cell phone.

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Signature Date

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IT Staff Date

\*Send Competed forms to HR Department, for employee file.