



Personal Cell Phone Compensation



March 24, 2010

Policy A-IC-26

Purpose: To maintain agency operation communication with staff.

Policy: The Three Rivers District Health Department will provide limited compensation for personal cell phones used in agency service under certain circumstances and with administrative approval. This protocol supersedes any and all previous communications, memoranda and directives regarding personal cell phone reimbursement.

Procedure:

- I. Employees eligible for stipend:
 - A. Staff whose essential job functions include home visitation, field inspections, or other duties that might require employee communication may apply for personal cell phone compensation. Eligible employees may include field staff of: Point of Entry, TB Control, Nutrition Services, Environmental, Social Services, HANDS, Bioterrorism, communicable disease outbreaks, disaster response and other employees of similar job functions.
 - B. Supervisors' who are away from their workstation on a regular basis and during such absences official communications with employees, management, clients, physicians, vendors, etc., cannot reasonably be delayed until their return to the workstation.
 - C. Employees shall submit a Cell Phone Reimbursement Request Form (A-IC-26 (A)) to supervisors indicating their desire to participate in the compensation. If approved, supervisors shall sign and submit the Cell Phone Reimbursement Request Form (A-IC-26 (A)) to the Administrative Manager to register the employee for participation. If the employee requesting the compensation is a Supervisor, the Public Health Director must approve the request also. The District Health Director reserves the right to disallow any and all requests for compensation based on relative safety risks and benefit to the agency. Upon approval, the following conditions shall apply:

1. The granted stipend reimbursement shall be determined by the agency and reviewed periodically.
2. Employees must work a minimum of ten (10) days in any billing cycle for which compensation is requested.
3. Employees agree to provide their cell phone number to the supervisor.
4. Employees agree to accept calls concerning agency operations.

*If the employee's name, billing address, cell phone carrier, or cell phone number changes from the original information, the Cell Phone Reimbursement Request Form (A-IC-26 (A)) will need to be updated to reflect the change(s). If the cell phone billing is in another name or mailed to an address other than the employee making the request for payment, the Cell Phone Reimbursement Request Form (A-IC-26(A)) must contain the actual name and address as it appears on the billing.

II. Other Circumstances

- A. Employees may request non-monthly compensation by completing a written justification to their supervisor. The justification shall include the reason for personal cell phone usage in conducting agency business and a copy of the cell phone invoice covering the period of time requested. The statement must be itemized with business related calls clearly identified including the date of the call, name of party called or from whom a call was received, and purpose of the call. Additionally, the statement copy must include the employee's full name, cell phone number and the dates of service covered by the invoice.

The administration reserves the right to suspend payment for cell phone usage at any time, approve additional staff for reimbursement based on benefit to the agency and make changes in the compensation allowances.

District Director

Date

Chairperson, Three Rivers District Board of Health

Date



Form A-IC-26 (A)

Cell Phone Reimbursement Request Form

This form must be submitted for supervisory and/or Public Health Director approval before submitting to Accounts Payable.

I request approval for reimbursement of my cell phone for agency operation communication.

EMPLOYEE INFORMATION:

NAME

ADDRESS

CITY, STATE, ZIP CODE

COST CENTER

CELL PHONE ACCOUNT INFORMATION:

NAME AS IT APPEARS ON BILL

ADDRESS AS IT APPEARS ON BILL

CITY, STATE, ZIP CODE

CELL PHONE NUMBER

Employees are responsible to assure all information contained herein is true and accurate. The above cell phone is used for business purposes for TRDHD. Any false statements or misrepresentations will result in repayment of funds to TRDHD.

Employee Signature Date

Supervisor Signature Date

Public Health Director Date