

## CELL PHONE USE & REIMBURSEMENT AGREEMENT

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

Start Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Monthly Amount

Office/Dept: \_\_\_\_\_

Reimbursed Quarterly:

Budget Code: \_\_\_\_\_

(Select one below)

Cell Phone No. \_\_\_\_\_

Tier 1: Low Use: \$25.00

Tier 2: Medium Use: \$50.00

Tier 3: High Use: \$75.00

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### Purpose

Bonneville County recognizes that an employee's performance of certain job duties may need to include the use of a personal cell phone to perform these duties. Elected Officials and Department Heads shall determine which employees require the use of a personal cell phone and at what level of use and reimbursement (Low, Medium, and High) each employee will receive, on a quarterly basis, respective to the employee's volume of use in the performance of their job duties.

### Employee Responsibilities

- Purchase cellular phone equipment and service and assume responsibility for vendor terms and conditions, to include paying all charges associated with the cellular service and device.
- Select a service provider, plan, and features that meet the requirements of the job and the level of service that the reimbursement is intended to cover; and ensure the carrier has service in the required usage areas.
- Maintain an active service contract and working phone.
- Promptly report any cell phone number changes.
- Employee initial submission of personal cell phone bill.
- Employee submission of a reimbursement claim to the County Clerk's office.
- Comply with all Federal and State data maintenance and protection laws.

### Employee Certification

I have read, understand and agree to abide by the Employee Responsibilities listed above. I also understand that Bonneville County reserves the right to amend the employee's eligibility for reimbursement or the rate of reimbursement at any time and by signing below, I certify that I have read, understand, and agree to the Cell Phone Use & Reimbursement Agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Elected Official/Department Head Signature

\_\_\_\_\_  
Date