



PERSONAL CELL PHONE COMPENSATION PROCEDURE

5.03

Effective Date: 07/18

Purpose: The Barren River District Health Department (BRDHD) will provide limited compensation for personal cell phones used in agency service under certain circumstances as outlined below. Compensation requires supervisory and Public Health Director approval.

Failure to Comply: Non-compliance with this procedure will result in reduced or suspended reimbursement.

Procedure:

Option 1

Staff whose essential job functions include home visitation, field inspections, communicable disease response, emergency response, Information Systems management, Senior Management Team or other duties that might require employee communication may apply for personal cell phone compensation. 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 may also be eligible.

Employees shall submit the F-03 Personal Cell Phone Compensation Request Form to supervisors indicating their desire to participate in the compensation. If approved, supervisors shall sign and submit the completed form to the Public Health Director for approval. The administration 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:

- The maximum reimbursement available to the employee shall be \$10.00 per month.

Documentation needed for monthly reimbursement:

- The employee must submit a copy of the cell phone invoice to the Finance Department each month for which compensation is requested. *The copy must include the employee's full name, cell phone number and the dates of service covered by the invoice. If the receipt is for a pay as you go phone, then the above information must be written on the receipt.

Employees must work a minimum of ten (10) days in any billing cycle for which compensation is requested.

Employees agree to provide their cell phone number to the supervisor. Employees agree to accept calls for important communications on their cell phones from officers of the agency.

*If the employee's name, billing address, cell phone carrier, or cell phone number changes from the original information the F-03 Personal Cell Phone Compensation Request Form 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, a new form must also be completed showing the actual name and address as it appears on the billing.

All requests for payment from the prior fiscal year must be received by June 30 of the current fiscal year to be eligible for payment.

Additional reimbursement:

1) Staff required to make home visits (such as HANDS, perinatal, and nursing staff making TB home visits) as a part of their job may be eligible for additional reimbursement if no land line phone or on-site interpreter is available and the employee must use their cell phone to connect to agency contracted interpreter service. The employee requesting reimbursement must submit a log of calls detailing the date, time, patient name, interpreted language, and length of the call to their supervisor. The supervisor will validate and submit to finance for reimbursement. Finance will verify the calls to the itemized bill from the interpretation service company. The log must be submitted monthly by the 10th of the month following the month of activity. The rate of reimbursement is \$.08 per minute. The agency will not be responsible for any plan overages incurred by the employee.

Option 2

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.

Forms: [F-03 Personal Cell Phone Compensation Request Form](#)

References: None

Contact Persons: Director of Finance

Date Adopted:

Procedure Origination, Revision, and Review Tracking

Procedure Version Number	Origination Date	Description of Revision or Reviewer Name
5.03	02.01.2018	Finance Administrator – Procedure Creation