#### **PURPOSE**

To define the cell phone usage by employees to encourage the enhancement of communications while ensuring efficient, safe and high-quality customer service to the citizens of McLeod County.

#### **PROCEDURE**

The County Administrator and the Central Services Coordinator are authorized to enter into a contract with the County Board approved cell phone company for any new and existing service. The County Sheriff and Chief Deputy will contract and manage the cell phones for Law Enforcement. County contracts for cell phone service shall require monthly itemized statements of call usage.

The Department Head and County Administrator will determine which position(s) require a cell phone and whether the needs are best served through the allocation of a county-purchased cell phone or through a cell phone allowance based on a monthly tiered plan based on the following:

- a. Employee travels frequently on County business to remote areas.
- b. Employee frequently enters homes without telephone service.
- c. Employee frequently needs to maintain communication with Department while off-site.
- d. Employee is concerned for personal safety while conducting County business off-site.

#### County Owned Cell Phone

If it is determined that a County owned cell phone best serves their need, Central Services will determine the appropriate service to best fit the work related needs of the County including, but not limited to, coverage area and cost. Changes to existing service or purchase of new cell phones will be done by the Central Services Coordinator. The cell phone is the property of the County and shall be surrendered upon request.

Employees using County owned cell phones should limit the phone to business use. If the employee must use the cell phone for personal calls these calls should be for emergency purposes only. Non-emergency personal use of County owned cell phone may lead to disciplinary action and revocation of the cell phone. The employee must reimburse the County. The Department Head will be responsible for monitoring reimbursement of personal calls. Upon receipt of the monthly itemized statement, the employee shall copy and highlight personal minutes, total the personal charges and submit reimbursement to the County via the Auditor-Treasurer Office.

A texting plan will only be allowed on the County owned cell phones when authorized by the County Administrator and Central Services Coordinator.

If a County owned cell phone or related equipment is damaged due to employee negligence the employee is responsible for the full cost of replacement of the phone or related equipment.

If a County owned cell phone or related equipment is lost or stolen, the employee must immediately notify their Department Head and/or Supervisor who then must immediately notify the Central Services Coordinator. The employee is responsible for the full cost of replacement of the phone or related equipment due to employee negligence.

If Central Services determines that the cell phone needs to be replaced, the old cell phone and related equipment must be returned.

County issued cell phones and related equipment must be returned to the County upon separation of employment. If the cell phone and related equipment is not returned to the County, the cost of the phone and related equipment will be deducted from the employee's final paycheck.

Any misuse of the cell phone will subject the employee to discipline procedures as contained in the McLeod County Personnel Policy or applicable labor agreements.

#### Misuse consists of:

- a. Failure to reimburse the County for all emergency personal calls made with County cell phones.
- b. Making calls of a threatening, harassing or inappropriate nature.
- c. Making non-emergency personal calls.

#### **Employee Owned Phones**

Employees that have been designated to receive a cell phone allowance will receive a monthly allowance based on the following tier plan:

| Tier 1 | \$10.00/month | Average of 60 - 100 minutes work related use per month in a 6 month period |
|--------|---------------|--|
| Tier 2 | \$20.00/month | Average of over 100 minutes work related use per month in a 6 month period |
| Tier 3 | \$50.00/month | Smartphone with data access  |

Employees receiving the allowance are responsible for:

- 1. Smartphone devices permitted as defined by the Acceptable Use for Computer and Network Systems section of the McLeod County Personnel Policy.
- 2. Providing proof of purchase/lease of cell service and work related usage at intervals to be determined by the Department Head.
- 3. Replacement or repair of the phone will normally be the responsibility of the employee. However, if the cell phone is lost or damaged as a direct result of the work environment, the Department Head with the County Administrator's approval may approve reimbursement to the employee.
- 4. Employees will make sure the cellular service is reliable in McLeod County.

The cell phone allowance is intended to cover most of the costs of the employee's cell phone expenses related to work duties. Initial purchase of the cell phone, accessory equipment, and activation fees will be the responsibility of the employee. The employee will pay any costs exceeding the amount of the cell phone allowance to the cell phone service provider. No allowance will be paid when an employee is in an unpaid leave status or non work status.

The cell phone allowance will be paid through the County payroll system as taxable income. The allowance will be divided and paid with the  $1^{st}$  and  $2^{nd}$  payroll periods of the month for the previous month's service.

#### **Data Practices**

All personal cell phone statements are considered private data. Billings associated with a County-purchased/leased cell phone are considered public data.

#### SUPERVISOR RESPONSIBILITY

Department Heads and/or Supervisors shall monitor the cell phone needs and usage for their staff and make appropriate decisions and authorizations based on this policy and what is in the best interest of the County. The County Administrator is responsible for making decisions when it involves exceptions, discrepancies or interpretations of this policy.

#### CELL PHONE USAGE IN VEHICLES

When driving a **County vehicle**, employees shall be aware that driving is their primary responsibility and cell phone usage is prohibited. Employees are required to pull off the road safely and be parked in a safe location before making or answering a call. The Sheriff's Office may promulgate supplemental policies which will supersede the application of this section to licensed law enforcement employees.

#### **IMAGES**

Employees are prohibited from taking any work related photographs and/or videos of any people, items, or County buildings (inside and outside) without prior consent. This applies to county owned and personal cell phones with camera capabilities.

### PERSONAL CELL PHONE USAGE IN THE WORK PLACE

While at work employees are expected to exercise the same discretion in using personal cell phones as is expected for the use of county issued cell phones. Excessive personal calls during the work day, regardless of the phone used, can interfere with employee productivity and be distracting to others. Employees are to make personal calls before and after work and during break and lunch periods. Employees are required to keep phones on silent or vibrate mode while in County buildings.

McLeod County Cell Phone Policy

Adopted: 12/18/2007 Revised: 05/18/2010

# CELL PHONE ALLOWANCE AUTHORIZATION (Use for Employee owned cell phone)

| EMPL    | OYEE NAME:   |   |  |  |  |
|---------|--|---|--|--|--|
| DEPA    | RTMENT:  |   |  |  |  |
| Author  | rization relating to cell phone allowance to this emp  | loyee as indicated below:                   |  |  |  |
|         | Activate allowance payment @ \$10.00 per month (average of 60-100 minutes of work related usage per month)   |   |  |  |  |
|         | Activate allowance payment @ \$20.00 per month (average of over 100 minutes of work related usage per month) |   |  |  |  |
| ☐ Act   | tivate allowance payment @ \$50.00 per month for s   | smartphone usage                            |  |  |  |
| □ De    | activate allowance payment. Deactivation date  |   |  |  |  |
| Servic  | e Provider's Name:   |   |  |  |  |
| Cell Pl | hone #:  |   |  |  |  |
| Allowa  | ance is intended to provide payment toward the cos   | t of monthly service and associated taxes.  |  |  |  |
| Emplo   | yee Signature  | Date  |  |  |  |
| Depart  | tment Head Signature   | Date  |  |  |  |
| Admin   | istration  | Date  |  |  |  |
|         | n this completed form to the Auditor-Treasurer Office<br>Auditor-Treasurer Office.                           | e. A copy will be kept in your personnel fi |  |  |  |
| Please  | e allow time for processing to coincide with payroll p   | periods.                                    |  |  |  |
|         |  |   |  |  |  |
| Pavrol  | l Coordinator  | <br>Date                                    |  |  |  |

# MCLEOD COUNTY CELL PHONE ALLOWANCE AGREEMENT

I agree to the following regulations regarding the payment of a cell phone allowance to me:

- 1. I understand that I will be authorized a cell phone allowance to be used toward the costs of cell phone service to be used for McLeod County business purposes.
- 2. I understand that this allowance will be paid to me through payroll as taxable income.
- 3. I understand that I will be required to provide reliable cell phone service for all work related needs.
- 4. I agree to provide documentation to my department head as required to initiate and to continue my entitlement to the cell phone allowance.
- 5. I agree to monitor my work related usage and notify my Department Head if a tier change is necessary based on a 6 month average.
- 6. I understand my entitlement to the cell phone allowance ceases if I am in an unpaid leave status.
- 7. I understand my entitlement to the cell phone allowance ceases if I am in a non-working status (Ex: FMLA, work comp)
- 8. I understand the cell phone allowance will cease immediately upon my termination of employment, whether for retirement, voluntary or involuntary reasons. Should I terminate employment mid-month, I understand the allowance will be pro-rated.
- 9. I understand that any current or future obligation with the cell phone service provider is exclusively my responsibility without any liability to McLeod County.
- 10.I have read and will follow the McLeod County Cell Phone Usage Policy. Failure to comply with this agreement may result in cancellation of my entitlement to receipt of the cell phone allowance.

|                       | <del></del> |
|-----------------------|-------------|
| Employee Name (Print) |             |
|                       |             |
|                       |             |
|                       |             |
| Employee Signature    | Date        |

# MCLEOD COUNTY CELL PHONE USER AGREEMENT

I agree to the following regulations regarding the use of a McLeod County owned cell phone made available to me during the course of my duties as a McLeod County Employee:

- 1. I understand that as an employee provided with a County issued cell phone, I am responsible for verifying usage.
- 2. I further understand that County issued cell phones are intended to be used for County business but personal calls are allowed for emergency purposes only. I understand that emergency use of the County issued cell phone shall be reimbursed by the employee.
- I understand that monthly bills will be monitored as necessary to observe personal use and that the Department Head will be responsible for determining the reimbursement amounts necessary.
- 4. I have read and agree to follow the McLeod County Cell Phone Policy. Failure to comply with this Agreement may result in cancellation of my use of a McLeod County owned cell phone and be subject to possible disciplinary action in accordance with the McLeod County Personnel Policy and/or applicable union contracts.
- 5. I understand that termination of the contract is not allowed until the contract end date as set by the cell phone provider.

| Employee's Name (Print) |  |
|-------------------------|--|
|                         |  |
| Employee's Signature    |  |