

**City of Broken Arrow
Personal Cell Phone Allowance Policy**

Name: _____ Department: _____

Job or Position Title: _____ Allowance Start Date: _____

Cell Phone Number: _____ Cell Phone Carrier: _____

Monthly Allowance Amount - \$80.00 per month

Business Justification, Based on Position and Job Duties:

Policy:

The level of institutional cost for cell phone services has rapidly increased over the past few years. To bring costs more into line with the level of organizational benefit, an allowance policy is necessary.

Allowance: The allowance will be subject to the Internal Revenue Service (IRS) rules and regulations. Provision of the allowance must be approved by the City Manager.

Agreement by Employee Receiving Allowance:

- Employee will purchase cellular phone service and equipment and assume responsibility for vendor terms and conditions.
- Employee agrees that they are responsible for plan choices, service levels, calling areas, service and phone features, termination clauses, and payment terms and penalties.
- Employee agrees that they are responsible for the purchase, loss, damage, insurance and/or replacement of phone equipment.
- Employee will promptly report to their Department Director or, if applicable, to the City Manager, any updates or changes regarding cell phone numbers or plan changes that could impact the access to cellular service.
- Employee agrees to carry the cell phone with them, keep it charged and in operational condition, use it appropriately, and be accessible for business use of the cellular phone device as required by their Department Director, supervisor, or the City Manager.
- Employee understands that certain cell phone records may be subject to the Open Records Act and agrees to comply with such record requests.
- Employee agrees that if they are not salaried (non-exempt), they understand they are required to observe all policies related to "Hours Worked" and approvals required for working outside the scheduled hours of work.
- Employee understands that the City Manager may revoke the allowance if these requirements are not followed.

Employee Certification:

I certify that I have read and understand and agree to the terms of this Policy and that the allowance provided shall be used toward expenses I incur for cell phone service and equipment as described above.

Employee's Signature Date

Department/Director's Signature Date

Assistant City Manager's Signature Date

City Manager's Signature Date