TURTLE MOUNTAIN SCHOOL DIVISION	Procedure
SECTION K: EMPLOYMENT PROVISIONS	K-11

### PROVISION OF CELLULAR PHONES

### **Divisional Employees**

As deemed required by the Superintendent/CEO, divisional staff who travel within and/or outside the school division will be issued a division cellular phone. The type of phone, carrier, and plan will be determined divisionally and may be part of a data sharing plan with other users in the division.

Any data usage or long-distance charges outside of the plan are the responsibility of the employee, unless they occur within the scope of a person's role within the division. When traveling outside of the country for personal reasons, employees can contact the division office and opt to pre-purchase an out of country data plan at the employee's expense. Whether out of country travel is for division or personal reasons, employees are strongly encouraged to utilize free WIFI as much as possible.

If a division employee so chooses, they may opt to use their own personally owned cellular phone rather than one issued divisionally. In these cases, divisional employees will be reimbursed up to \$35 per month (including taxes), 12 months per year.

## **School-Based Employees**

As deemed required by the Superintendent/CEO, some school based staff such as administrators and custodians will be reimbursed up to \$35 per month (including taxes), 12 months per year, to recognize that their personal cellular phones are also used within the scope of their role within the division. Division-owned cellular phones will not be issued to school-based employees.

### Note:

In circumstances where an employee serves both a divisional and school-based role, they will be deemed divisional employees for the purposes of this procedure.

In circumstances where school-based employees are currently using a division cellular phone, they may continue to do so until such time as the hardware requires replacement. Any divisional cellular phones which are no longer being used must be turned in at the school division office.

# TMSD

# **Cell Phone Reimbursement Request**

This form is to be completed by those who require a cellular phone for work purposes. A flat reimbursement fee will be paid monthly to those who have been authorized. (See Procedure K-11)

• You have to submit your cellphone bill each month on the 20<sup>th</sup> of the following month via Employee Connect – Employee Reimbursement– no exceptions (please note if you miss the deadline no reimbursement for that month will be paid).

EMPLOYEE INFORMATION							
Name:			Cell Number:				
Employee Signature:							
Department:			Title:				
Do you have an office	Yes	No	School:				
phone (please circle)							
<b>State Business Purpose</b> : In the space provided below, please provide justification for your request. The							
justification should provide sound business purpose, identifying why a cell phone is necessary and essential in							
carrying out your respons	ibilities and w	hy you could not	t carry out your resp	oonsibilities without it.			
Authorization Signature	(Supervisor):_			Date:			
Authorization Signature  AUTHORIZATION INFORM				Date:			
	MATION			Date:			
AUTHORIZATION INFORM	MATION			Date:			
AUTHORIZATION INFORM  Division Board Office use	MATION			Date:			
AUTHORIZATION INFORM  Division Board Office use  Approval for:	MATION only			Date:			
AUTHORIZATION INFORM  Division Board Office use  Approval for:  Up to \$60/month	MATION only			Date:			
AUTHORIZATION INFORM  Division Board Office use  Approval for:  Up to \$60/month  reimbursement basic rate	MATION only		Title:	Date:			
AUTHORIZATION INFORM  Division Board Office use  Approval for:  Up to \$60/month  reimbursement basic rate pre tax	MATION only		Title:	Date:			
AUTHORIZATION INFORM  Division Board Office use  Approval for:  Up to \$60/month  reimbursement basic rate  pre tax  Authorization Name:	MATION only		Title:	Date:			
AUTHORIZATION INFORM  Division Board Office use  Approval for:  Up to \$60/month  reimbursement basic rate  pre tax  Authorization Name:  (printed)	MATION only			Date:			
AUTHORIZATION INFORM  Division Board Office use  Approval for:  Up to \$60/month  reimbursement basic rate  pre tax  Authorization Name:  (printed)  Reimbursement	ON ONLY		Budget	Date:			
AUTHORIZATION INFORM  Division Board Office use  Approval for:  Up to \$60/month  reimbursement basic rate  pre tax  Authorization Name:  (printed)  Reimbursement  Effective Date:	ON ONLY		Budget Code:	Date:			
AUTHORIZATION INFORM  Division Board Office use  Approval for:  Up to \$60/month  reimbursement basic rate  pre tax  Authorization Name:  (printed)  Reimbursement  Effective Date:  Authorization Signature:	only		Budget Code:	Date:			

• Please return completed form to Division Board Office: Crysi Magwood, Executive Secretary, or email to: <a href="mailto:dbo@tmsd.mb.ca">dbo@tmsd.mb.ca</a>