TURTLE MOUNTAIN SCHOOL DIVISION SECTION K : EMPLOYMENT PROVISIONS

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.

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 20th 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 INFORMATIO	Ν			
Name:			Cell Number:	
			-	
Employee Signature:				
Department:			Title:	
Do you have an office phone (please circle)	Yes	No	School:	
· · ·	n the snace pr	ovided below r	lease provide justif	ication for your request. The
State Business Purpose : In the space provided below, please provide justification for your request. The justification should provide sound business purpose, identifying why a coll phone is percessary and essential in				
justification should provide sound business purpose, identifying why a cell phone is necessary and essential in carrying out your responsibilities and why you could not carry out your responsibilities without it.				
		ing you could no	e carry out your res	
Authorization Signature	(Supervisor):			Date:
Authorization Signature				Date:
	MATION			Date:
AUTHORIZATION INFORM	MATION			Date:
AUTHORIZATION INFORI	MATION			Date:
AUTHORIZATION INFORI Division Board Office use Approval for:	MATION e only			Date:
AUTHORIZATION INFORI Division Board Office use Approval for: Up to \$60/month	MATION e only			Date:
AUTHORIZATION INFORI Division Board Office use Approval for: Up to \$60/month reimbursement basic rate	MATION e only		Title:	Date:
AUTHORIZATION INFORI Division Board Office use Approval for: Up to \$60/month reimbursement basic rate pre tax	MATION e only		Title:	Date:
AUTHORIZATION INFORI Division Board Office use Approval for: Up to \$60/month reimbursement basic rate pre tax Authorization Name:	MATION e only		Title: Budget	Date:
AUTHORIZATION INFORI Division Board Office use Approval for: Up to \$60/month reimbursement basic rate pre tax Authorization Name: (printed)	MATION e only			Date:
AUTHORIZATION INFORI Division Board Office use Approval for: Up to \$60/month reimbursement basic rate pre tax Authorization Name: (printed) Reimbursement	MATION e only		Budget	Date:
AUTHORIZATION INFORI Division Board Office use Approval for: Up to \$60/month reimbursement basic rate pre tax Authorization Name: (printed) Reimbursement Effective Date:	MATION e only		Budget Code:	Date:
AUTHORIZATION INFORI Division Board Office use Approval for: Up to \$60/month reimbursement basic rate pre tax Authorization Name: (printed) Reimbursement Effective Date: Authorization Signature:	MATION e only		Budget Code:	Date:

 Please return completed form to Division Board Office: Crysi Magwood, Executive Secretary, or email to: <u>dbo@tmsd.mb.ca</u>