

**Sanilac County Community Mental Health**

**AGENCY CELL PHONE USAGE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFSCME Staff that are in a position that requires cell phone usage have the option of having an Agency cell phone issued for business use only OR may opt to receive a stipend from the Agency and use their personal cell for business needs.

Please check mark and complete the appropriate sections below:

1. \_\_\_\_\_I understand that use of a cell phone is required under my work assignment, and I have chosen to request use of my personal cell phone for business instead of a company provided cell phone.

Additionally, I recognize that when I use my cell phone for business purposes, it would be for phone calls (voice) only; however, if text messaging is necessary, Supervisor and Individual approval must be obtained.  I agree that my personal cell phone used for business will be password protected and all text chains regarding recipients of Sanilac CMH are classified as confidential and must be deleted on a weekly basis.

Further, I understand that when electing to use my personal cell phone for Agency use, I am expected to use my cell phone hotspot for internet means when an Agency need arises, in lieu of use of an Agency MiFi.

Upon separation from the agency, my personal cell phone must be provided to the IT Department to verify that no Agency related information exists on the cell phone.

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale for needing a cell phone for Agency use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_ I currently have an Agency cell phone and will be turning it in to IT, if approved, to use my personal cell phone for Agency use.

1. \_\_\_\_I recognize use of a cell phone is required under my work assignment and I have chosen to have an Agency cell phone issued to me. I acknowledge that this phone is to be used for business use only.

I further recognize that when I use my Agency phone, it will be for phone calls (voice) only. If text messaging is necessary, Supervisor and Individual approval must be obtained and all text chains regarding recipients of Sanilac CMH are classified as confidential and must be deleted on a weekly basis.

1. \_\_\_\_I recognize my position with the Agency does not require use of a cell phone.

I acknowledge that I have read and understand policy BA070 Communications policy and will adhere to the requirements set forth in this policy.

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Staff Signature Date

*Supervisor and HR Signature required if requesting use of personal phone for Agency business.*

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Staff’s Supervisor Signature Date

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Human Resources Manager Signature Date