

ST. JOSEPH ACADEMY
(SJA)

Department:	Human Resources
Number:	300.15
Effective Date:	1/1/17
Review Date:	2/5/2021
Revised Date:	1/24/2020
Page:	1 of 2

Policy:

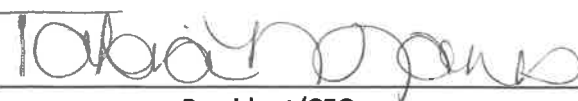
Employees who hold positions that include the need for a cell phone may receive a cell phone stipend to reimburse for business-related costs incurred when using their personally-owned cell phones. The stipend will be considered a non-taxable fringe benefit to the employee.

Procedure:

Recipients of a cell phone stipend have the following responsibilities:

- Complete Cell Phone Stipend Agreement, including required signatures.
- Purchase cellular phone service and equipment and assume responsibility for vendor terms and conditions. The employee is responsible for plan choices, service features, and calling areas that meet the requirements of the job. This includes termination clauses, and paying all charges associated with the cellular service and device.
- Attest to related necessary business use. Submit the latest monthly billing statement to the Finance Department when the stipend begins and then by July 1 each year to verify that the stipend is spent on this resource.
- Keep (or have access to) monthly invoices for a two-year period so they can be produced upon request by either SJA or the IRS.
- Avoid using the cellular phone for work related purposes while operating a motor vehicle, machinery or in other dangerous situations.
- Comply with all Federal and State data maintenance and protection laws, as well as SJA policies, including those pertaining to data security, acceptable computing use and email.
- Delete all SJA data from the cell phone when employment with SJA is severed, except when required to maintain the data in compliance with a litigation hold notice.

Approved by: _____



President/CEO

Date: _____



Cell Phone Stipend Agreement

Employee Name: _____ Stipend Start Date: _____

Job Title: _____ Monthly Stipend Amount: **\$40.00**

Dept Name: _____

Cell Phone #: _____ Cellular Carrier: _____

Business Purpose: _____

Employee Certification:

By Signing below, I certify that I have read, understand, and agree to the Cell Phone Stipend Policy and my responsibilities under the policy.

Employee Signature

Date

HR Director Signature

Date

President/CEO Signature

Date