

**FORM B**  
**STATE OF UTAH – DEPARTMENT OF HUMAN SERVICES (DHS)**  
**PERSONAL CELL PHONE REIMBURSEMENT AGREEMENT**

This form must be completed before using a personal cell phone for business use, and annually, by May 30. As the user of a personal cell phone who may be authorized to receive a reimbursement from DHS, I agree to the following conditions:

1. My cell phone shall be used for official DHS business. I agree to keep this cell phone with me during business hours. I also agree to attach a signed recent copy of my personal cell phone bill to this agreement for management to validate I am receiving the services for which I am being reimbursed.
2. I understand that I am responsible for all associated costs and the safekeeping of the cell phone. In the event of loss or damage, I am personally responsible for the cost of replacement or repair. If a loss or damage occurs, I will notify my supervisor immediately and replace my cell phone within five business days. I agree that all costs of maintaining or replacing my cell phone, plus other costs, such as replacement parts, batteries, upgrades, and accessories will be at my expense.
3. I will ensure any client information, including, but not limited to, name, telephone number, voicemail, etc., is kept confidential. I agree to protect any confidential State information or data stored on the personal cell phone in accordance with *DHS policies and procedures 06-04 on the Appropriate Use of Information Technology Resources* and *02-03 Code of Ethics*.
4. I have received copies (electronic or paper) of the following State policies and rules, and have initialed in the space provided that I have read and agree to follow each policy and rule:
  - a. \_\_\_\_\_ [DHS policy and procedure 06-02 on “Cell Phones and Land-line Telephones”](#) (Read and understand the entire policy.)
  - b. \_\_\_\_\_ [DHS policy and procedure 06-04 on “Appropriate Use of Information Technology Resources”](#) (Read only sections 4. and 5.)
  - c. \_\_\_\_\_ [DHS policy and procedure 02-03 on “Code of Ethics”](#) (Read only section II.B.)
  - d. \_\_\_\_\_ [DTS Administrative Rule 895-7 on “Acceptable Use of Information Technology Resources”](#) (Read only section R895-7-4.)
  - e. \_\_\_\_\_ [DTS policy 4300-0030 on “Using Network Capable Mobile Computing Devices to Store or Access Secured State Information”](#) (Read only “Policy” section.)
  - f. \_\_\_\_\_ [State Division of Finance policy FIACCT 05-05.00 on “Cell Phones and Home Internet Service”](#) (Read only pages 1 through 7.)
5. I understand the reimbursement is not taxable income (if used in accordance with *FIACCT 05-05.00 Policy D. Cell Phone Service – Nontaxable*).
6. I understand that personal data on the phone may be reviewed by management or a court due to a Government Records Access Management Act (GRAMA) request.
7. I will notify my supervisor immediately if I dispose of my personal cell phone, my cell phone is lost or stolen, or I discontinue any reimbursed State service (voice, text, data, tethering, etc.).
8. I have attached a copy of my personal cell phone bill to this form.
9. I will keep my personal cell phone bills for at least three years for audit purposes.

Per-Pay-period Reimbursement Rates:

Voice	\$14	Navigation	\$5
Data	\$10	Emergency Priority	\$2
Text	\$2	International	\$2
Tethering (wi-fi)	\$4		

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Justification of the business need to use a personal cell phone and amount to be reimbursed: (Use additional paper if more space is needed.) **\*\*\*IMPORTANT\*\*\*** *The employee's share of the personal phone bill cannot be less than the reimbursement amount, and the calculation must be approved by the work unit manager. If the employee's share is less than the reimbursement rate (see table above), then the employee's share will be the reimbursement amount. Completing this form online will automatically calculate the correct reimbursement amount.*

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Service	<i>Justification (Must be completed if requesting reimbursement. Clearly justify the State business need for each cell phone service for which a reimbursement is requested. If the business need cannot be clearly identified, no reimbursement will be provided.)</i>	<i>Employee's Monthly Actual Cost (must be completed if requesting reimburse- ment)</i>	<i>Column C multiplied by 12 and divided by 26 (to convert monthly to bi-weekly)</i>	<i>Per-Pay- Period Reimburse- ment Rate from previous page</i>	<i>Per-Pay- Period Reimburse- ment Amount (the lesser of Column D and E)</i>	<i>Supervisor Approval (Initial each service that has a justified business need)</i>
Voice						
Data						
Text						
Tethering (wi-fi)						
Navigation						
Emergency Priority						
International						
<b>Total Per-Pay- Period Reimburse- ment Amount</b>						

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Cell Phone User Name: \_\_\_\_\_  
User Work Location: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Cell Phone Brand: \_\_\_\_\_  
Cell Phone Model: \_\_\_\_\_  
Cell Phone Serial Number: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_

Management has the right to cancel or modify this agreement at any time.

\_\_\_\_\_  
Personal Cell Phone User's Signature Date

\_\_\_\_\_  
Employee Supervisor's Signature Date

\_\_\_\_\_  
Work Unit Manager's Signature Date

\_\_\_\_\_  
Division, Office, Region, Bureau Director's or  
Institution Superintendent's Signature Date