

## S T A T E O F M I C H I G A N

## BOARD OF COMMISSIONERS OF THE COUNTY OF ALLEGAN

**EMPLOYEE CELLULAR DEVICE REIMBURSEMENT STIPEND—ADOPT REVISED POLICY**

**BE IT RESOLVED**, that the Allegan County Board of Commissioners hereby approves the revised Employee Cellular Device Reimbursement Stipend Policy, as attached, to become effective on January 1, 2023; and

**BE IT FURTHER RESOLVED**, that Human Resources will take the necessary steps to post the policy online; and

**BE IT FINALLY RESOLVED**, that this action supersedes any previous Board Resolution.

DRAFT

ALLEGAN COUNTY POLICY AND PROCEDURE

CATEGORY: Employee
NUMBER: HR601
TITLE: Employee Cellular Device Reimbursement Stipend
EFFECTIVE DATE: December 13, 2012 June 30, 2022

PURPOSE:

The purpose of this policy is to be prudent in our expenditures and resources while providing resources to our employees that support the business of the organization with relation to cellular services. This policy provides general guidelines for the use of cellular devices for business purposes and how employees will be reimbursed.

1. DEFINITIONS:

- a. Cellular device is defined as a device with wireless voice and/or data capabilities that incur usage fees provided to it through a cellular carrier company. (i.e. cell phone, datacard, Mifi, blackberry, etc.)
b. County refers to Allegan County government.
c. Departmental cellular device is a cellular devices that exists within a specific department for the purposes of being assigned to a staff person on a short term basis in accordance with the task they are currently being assigned. Departmental cellular devices are to be used for business purposes only.
d. Personally owned cellular device is a cellular device that is owned by an individual and all costs for usage, device maintenance, repair and replacement are the responsibility of the that individual.

2. APPLICATION:

This policy applies to all Allegan County employees who have been identified by their supervisor and authorized by the County to utilize a cellular device for business purposes. Reimbursements to the employee will only be considered for use of a personal personally owned cellular device, for County business purposes and only if such usage is in accordance with this policy. This policy is supplemental to, and subject to the terms of, the County's Acceptable Use Policy (the terms of which are incorporated into this policy). This policy is also subject to, and will be administered consistently with, the County's interpretation of relevant federal, state, and local tax laws, rules and regulations, including, but not limited to Internal Revenue Service rules regarding Accountable Plans.

3. POLICY:

- a. Allegan County's Information Services department manages the County's cellular service plan. Every department must promote fiscal responsibility, and each department is strongly encouraged to review whether a wireless device is necessary, and to select alternative means of communication when such alternatives would provide adequate service and be less costly service to the County.

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- b. If the County requires an employee to carry a cellular device in order to perform ~~his/her~~their duties, the employee, with the approval ~~from his/her~~of their immediate supervisor and appropriate senior administration officer or designee ~~will~~may.
- ~~b.~~ obtain a personally owned cellular device and access/service plan. ~~Employees who are required to carry a cellular device for~~

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~~i. County business may choose to purchase their own and be compensated in the form of a stipend; or decide during business hours~~

~~ii. submit a request to borrow one from the department. Information Services Department (subject to the availability of a County cellular device).~~

**4. GENERAL:**

a. All requests for ~~additional~~ cellular devices must be made to Information Services. Included in the request must be a permanent funding source (e.g. grant, fund/activity, etc.) for all fees (i.e. device acquisition, monthly service plan, etc.) associated with the device, ~~while that device is active under the County's plan.~~

**5. CRITERIA FOR REIMBURSEMENT STIPEND RULES:**

~~a. All fees associated with a personally owned cellular device, including, but not limited to, device acquisition, device replacement, early termination, use overage charges, etc., are the sole responsibility of the employee.~~

~~a.b.~~ County employees whose job duties include the need for a cellular device and who use a personally owned cellular device for such purpose, may receive compensation in the form of a stipend to cover calculated to reimburse the employees for the business-related use on their of the employees' personally owned cellular communication plan. The device. An employee's supervisor, or department head, or their designee, may authorize a wireless device stipend if at least one of the following criteria is met:

i. The job function of the employee requires considerable time outside of his/her/their assigned office or work area and it is important to the County that he/she is/they are accessible during those times;

ii. The job function of the employee requires him/her to/they be accessible outside of scheduled or normal working hours;

iii. The job function of the employee requires him/her/them to have wireless phone, data and/or internet access; and/or

iv. The employee is designated as a "first responder" to emergencies.

**6. PERSONALLY OWNED CELLULAR DEVICE:**

~~a. All fees associated with the personal cellular device, including, but not limited to, device acquisition, device replacement, early termination, use overage charges, etc., are the sole responsibility of the employee.~~

~~c.~~ The County, in its sole discretion, will determine the availability and amount of any stipend. The stipend amount should be reasonably designed to reimburse the employees for the business use of their personally owned cellular devices, and should not be designed to provide reimbursements in excess of the employees' anticipated business usage. The County may terminate or reduce a stipend for any reason or no reason, at any time, in its sole discretion.

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~~b.d.~~ When a stipend plan has been approved ~~and distributed~~, the employee must provide their cellular phone number to their supervisor and/or department head within 7 days of activation.

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~~e.e.~~ The employee's supervisor will be held responsible for continually reviewing employee cellular device usage, and verifying and validating the level of service(s) of the stipend plan identified for the employee. The employee must cooperate with the supervisor by providing the supervisor with records sufficient to make such determination.

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~~f.f.~~ Transferring cell phone.

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- i. A cell phone number registered to the County can at the County's discretion be transferred/ported to an individual seeking to acquire their own personal cellular device. ~~Availability to~~ The availability of a cellular phone number previously registered to the County will be governed by the cellular service provider's rules and guidelines.

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ii. A personally owned cellular device or cellular phone number will not be transferred/ported into the County's cellular plan.

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iii. It will be the responsibility of the individual to transfer all personal information (contacts, data, etc.) from one phone to the next. The County will not be responsible for lost, deleted or corrupted cell phone data.

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iv. The County issued cellular device is the property of the County and ownership will not be transferred over to the individual.

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e.g. The County will not be held responsible for damages to an employee's personal cellular device even if it is being used for business purposes.

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h. The County will have sole discretion to determine whether any employee stipend is taxable. If the County determines that any stipend is taxable:

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i. The County will be entitled to report such stipend as taxable and withhold appropriate payroll taxes:

ii. The employee will be responsible for paying all income taxes, FICA taxes and other taxes that are imposed on the employee with respect to the stipend; and

iii. The employee will reimburse, indemnify and hold harmless the County for all withholding taxes and all of the employee's share of FICA taxes due, or paid by the County, with respect to the stipend.

i. An employee who receives a cell phone stipend:

Will, no later than January 31 of each year, submit a statement from the cell phone provider of all cell phone charges for the prior year to verify that the stipend is used appropriately:

i. Retain cell phone invoices for at least three years after each year for which a stipend is provided;

ii. Promptly and completely respond to any inquiries from the County, and provide any information requested by the County, relating to the stipend or the employee's cell phone or cell phone usage; and

iii. Promptly notify the County of any job function change or other condition that materially reduces the employee's business need for the cell phone.

**7.6. DEPARTMENTAL CELLULAR DEVICE**

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a. If a situation exists such that an employee cannot acquire their own personal cellular device, and their job duties fall in with satisfy the cellular device criteria identified criteria above, a departmental cell phone may be assigned by the County, at the County's expense. (except as otherwise provided in this policy), and in the County's sole discretion. Usage of this such device will be restricted to business purposes only, and all non-business charges will be billed back to the employee. The employee's supervisor will be responsible for auditing the monthly

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bill for that phone and validating the personal and business related charges, and the employee will fully cooperate with such audit.

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b. The ~~Information Services~~ Executive Director of Operations may suspend or terminate, at any time, any County issued cellular device ~~that poses a potential risk to the County.~~ Situations The Executive Director of this nature ~~Operations will be immediately followed~~ follow up on situations of this nature with the employee's supervisor and the Executive Director of Human Resources ~~Director.~~

c. ~~Cell phones~~ Cellular devices issued by the County will be assigned numbers in accordance with the rules and guidelines of the County's cellular service provider.

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d. The issuance and use of County cellular devices will be subject to the plans and agreements with the County's cellular service provider(s), and will be subject to all County policies and procedures.

**8.7. STIPEND LEVELS FOR PERSONALLY-OWNED PHONES**

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a. Appropriate stipend ~~level~~ levels for personally-owned phones will be determined by the employee's supervisor and the ~~Information Services~~ Executive Director of Operations. The stipend amounts will be based on the relevant employees' anticipated and proven business usage of the cell phones. Once the stipend amount is determined, the supervisor will submit the appropriate paper work, as identified in ATTACHMENT A, to Human Resources and Finance to establish the stipend plan for the employee.

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~~b.~~ Modifications to this plan after it has been established must be approved by the employee's supervisor, ~~Information Services~~ the Executive Director of Operations, the Executive Director of Human Resources ~~Director~~ and Finance ~~the Executive Director of Finance.~~

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~~b-c.~~ Stipend amounts will be issued to the employee via payroll deposit and distributed ~~as part of in~~ accordance with the ~~bi-weekly~~ County's payroll, ~~process~~ policies.

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~~e.~~ Stipend:

i. VOICE SERVICES

~~1. Level 1 basic voice plan (<200 minutes/month): \$15/month~~

- 2. ~~Level 2 standard voice plan (<500 min/month): \$25 /month~~
- 3. ~~Level 3 advanced voice plan (>500 min/month): \$35 /month~~

ii. ~~DATA SERVICES cell phone:~~

- 1. ~~Level 1 add data to cell phone: \$25 /month~~
- 2. ~~Level 2 data and tethering of cell phone: \$35 /month~~

d. ~~Both Level 1 and Level 2~~The County will, in its sole discretion, determine the amounts of the stipends and amend such amounts from time to time. It is, however, the County's intent to use the stipend schedule as identified in ATTACHMENT A, until further notice.

3.c. ~~Employees may require the employee~~have to upgrade their phone, or cellular plan in order to receive the voice minutes or data services listed above. All costs associated with such an upgrade will be at the employee's expense and not subject to reimbursement by the County.

iii. ~~DATA SERVICES Mobile Hotspot devices:~~

- 1. ~~Level 1 Mobile hotspot or Mifi: \$40 /month~~
- 2. ~~Service is limited to 5 GB per month~~

iv. ~~ADDON SERVICES:~~

- 1. ~~Level 1 texting: \$5 /month~~
- 2. ~~Level 2 picture texting: \$10 /month~~
- 3. ~~Push to talk: \$10 /month~~

**9.8. SUPPORT**

a. Allegan County Information Services will not be obligated to provide technical support services for an employee's personal device, except in cases where a Blackberry device is involved. Support of the personally owned Blackberry device will be limited to cellular device. The County, however, intends, in its sole discretion, to provide some support for cellular devices subject to the following conditions:

- i. The County currently supports ~~Blackberry Enterprise Services (BES) for integration between a blackberry cellular phone and the County's~~the Microsoft Office 365 email system. Employees that have gotten approval to acquire a blackberry cellular device may use it to connect to the County's BES server, enterprise email system; and
- ii. ~~Information Services~~The assistance will assist in forming this be limited to assisting with connectivity to the extent of by providing the access code that is required location to authenticate the blackberry device to the email system.

**9. SECURITY AND SAFETY**

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Employees will:

- a. Avoid using a cellular phone for work-related purposes while operating a motor vehicle, machinery or in other dangerous situations;
- b. Comply with all traffic safety laws and other laws while using, or in relation to, a cell phone;
- c. Comply with all Federal and State confidentially, data maintenance, and information protection laws (e.g., HIPAA, FERPA, record retention requirements, etc.), as well as all County policies, including, but not limited to, those pertaining to data security, acceptable use, and email;
- d. Not store any HIPAA or other legally protected or confidential information on a personally-owned cell phone;
- ~~ii~~e. Delete all County information or data from a cell phone when employment with the County is terminated or when the ~~BES server~~ cell phone's use is terminated, except when required to maintain the data in compliance with a litigation hold notice; and

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f. Not allow any other individual to use or possess a cell phone that is covered by this policy.

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**- ATTACHMENT A -**

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|   |  |             |
|---|--|-------------|
| <b>CELLULAR DEVICE AUTHORIZATION FORM</b> |  |             |
| Request Type (choose one):                | New <input type="checkbox"/> Modification <input type="checkbox"/> | Date: _____ |

|   |             |
|---|-------------|
| <b>CELLULAR DEVICE AUTHORIZATION FORM</b> |             |
| Employee Name: _____                      | _____       |
| Department: _____                         | Date: _____ |

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**JUSTIFICATION CHECKLIST (check all that apply):**

|   |
|---|
| <b>REQUEST TYPE</b>   |
| <input type="checkbox"/> NEW stipend plan   |
| <input type="checkbox"/> Not transferring county number over to personal phone  |
| <input type="checkbox"/> Transfer county # over to personal phone.  |
| <ul style="list-style-type: none"><li>Current county phone # _____</li><li>Desired personal cell carrier _____</li></ul>  |
| <input type="checkbox"/> MODIFY stipend plan – increase or decrease service levels  |
| <input type="checkbox"/> The job function of the employee requires considerable time outside of his/her assigned office or work area and it is important to the County that he/she is accessible during those times; TERMINATE stipend plan – no need to fill out the rest of the form. |

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The job function of the employee requires him/her to be accessible outside of scheduled or normal working hours;

The job function of the employee requires him/her to have wireless data and internet access;

{ } The employee is designated as a "first responder" to emergencies

**LEVEL OF SERVICE (check all that apply):**

| <b>LEVEL OF SERVICE (check all that apply):</b> |  |             |
|---|--|-------------|
|   | <b>DESCRIPTION</b>   | <b>COST</b> |
| <b>VOICE – TEXTING - DATA SERVICES:</b>         |  |             |
| <input type="checkbox"/>                        | <i>Level 1 – basic voiceVoice, texting and light data plan (&lt;200 minutes; \$25 /month): — \$15 /month</i><br><i>- average data usage is less than 2 gigs per month</i><br><i>- covers email communication and basic data needs</i><br><i>- infrequent tethering</i><br><i>- infrequent after hour needs/usage</i> |             |
| <input type="checkbox"/>                        | <i>Level 2 – standard voice plan (&lt;500 min/month): — \$25 /month</i>  |             |
| <input type="checkbox"/>                        | <i>Level 3 – advanced voice plan (&gt;500 min/month): — \$35 /month</i>  |             |
| <b>DATA SERVICES – cell phone:</b>              |  |             |
| <input type="checkbox"/>                        | <i>Level 1 – add data to cell phone: — \$25 /month</i>   |             |
| <input type="checkbox"/>                        | <i>Level 2 – addVoice, texting and full data and plan: \$50 /month</i><br><i>- average data usage is more than 2 gigs per month</i><br><i>- field work requires large data transmissions</i><br><i>- frequent tethering: — \$35 /month</i><br><i>- frequent after hours needs/usage</i>                              |             |
| <b>DATA-SERVIC ES – Mobile-Hotspot devices:</b> | Please describe the activities that will be performed as a result of deploying this service (i.e., work duties away from the office, on call, etc.).<br>-  |             |
|   | Please describe the benefits to this selection (i.e. How does this increase services levels, increase efficiency, decrease cost, etc.):<br>-   |             |

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**FINANCIALS:**

|     |   |             |  |
|-----|---|-------------|--|
| { } | Level 1—Mobile hotspot or Mifi—<br>(Service is limited to 5-GB per-month) | \$40 /month |  |
|-----|---|-------------|--|

**ADDON SERVICES:**

|     |                         |             |  |
|-----|-------------------------|-------------|--|
| { } | Level 1—texting:        | \$5 /month  |  |
| { } | Level 2—picture-texting | \$10 /month |  |
| { } | Push to talk:           | \$10 /month |  |

|  |  |                  |  |
|--|--|------------------|--|
| <b>TOTAL</b>   |  | <b>TOTAL</b>     |  |
| <p><i>This monthly total will be reimbursed to the employee <del>bi-weekly</del> in one lump sum at the first payroll of each month, in accordance with the County's payroll schedule.</i></p> |  |                  |  |
| <u>PRIMARY FUNDING SOURCE:</u>   |  | <u>Line Item</u> |  |
|  |  | <u>Amount:</u>   |  |
| <u>SECONDARY FUNDING SOURCE</u><br>(if only partially funded by primary source)  |  | <u>Line Item</u> |  |
|  |  | <u>Amount:</u>   |  |

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**SUPERVISOR:**

I, \_\_\_\_\_, certify that, as this employee's supervisor, the employee requires the services listed above in accordance with their job duties and that I will be held responsible for validating that the employee maintains this level of service as part of their personal cellular plan.

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE:**

I, \_\_\_\_\_, agree to abide by the language of this policy and agree to maintain a cellular service plan consistent with the stipend amount received from the County. I further agree that the County may increase, decrease or discontinue this stipend amount at any time and that the County will not be responsible for any costs incurred by my personal cellular plan.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR:**

I, \_\_\_\_\_, certify that, as this employee's supervisor, the employee requires the services listed above in accordance with their job duties and that I will be held responsible for validating that the employee maintains this level of service as part of their personal cellular plan.

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Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**EMPLOYEE:**

I, \_\_\_\_\_, agree to abide by the language of this policy and agree to maintain a cellular service plan consistent with the stipend amount received from the County. I further agree that the County may increase, decrease or discontinue this stipend amount at any time and that the County will not be responsible for any costs incurred by my personal cellular plan. **I further agree that if I choose to synchronize my County email to my personal phone, the County may exercise, at its discretion, the security feature of Microsoft ActiveSync to completely wipe my personal device and all data residing on it in order to ensure the security and integrity of the County's information system.**

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXECUTIVE DIRECTOR SUPPORT:**

I, Steve Sedore, certify that, as the Executive Director of Operations, I have reviewed this form with the employee's supervisor as it relates to the employee's job duties and responsibilities and hereby support the establishment of a stipend in the amount identified.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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