

- I. Procedure Name: Cellular Telephone/Radio Personal Use Billing Reconciliation and District Reimbursement
  
- II. Basic Procedure:

Any employee issued cellular equipment will be directed to the District Cellular Telephony and Radio Guidelines and the Responsible Use Guidelines for Technology documents to review the acceptable procedures regarding use of District issued cellular devices. It is the responsibility of the supervising Directors to monitor employees that have been issued cellular devices for compliance with guidelines contained in the documents cited above. Failure of an employee to follow those guidelines will be reported by the supervising Director to the supervising Assistant Superintendent for consideration of possible disciplinary action by the Superintendent (including but not limited to monetary compensation to the District and nullification of the issuance of the employee's cellular device).

Employees are expected to abide the Rules and Procedures of the District School Board 5.04(6)(c) which state:

Efficient and Ethical use of District Cellular Devices

All persons employed by the Escambia County School District, regardless of their particular job or role, have ethical responsibilities and obligations. Efficient and ethical use of District issued cellular devices are included in those responsibilities and are referenced in the Application of Code of Ethics; Improper Conduct; Unauthorized Use of District Facilities, Equipment, Supplies, and Materials section of The Escambia County School District Employee Code of Ethics (see excerpt below).




Unauthorized Use of District Facilities, Equipment, Supplies, and Materials

A School District employee shall not use nor allow others to use for non-District purposes, District equipment, supplies or material, nor engage in or allow conduct resulting in the unauthorized use of any District resource. Except for occasional and limited personal use that does not interfere with the performance of official duties or create an appearance of impropriety, a School District employee shall not use nor allow others to use District facilities, equipment, supplies or materials for personal purposes.

Employee responsibilities regarding efficient and ethical use of District issued cellular devices are also implicitly referenced in the Responsible Use Guidelines for Technology.

The following procedure shall be used to ensure billing reconciliation, reimbursement and that IRS substantiation requirements are met when an employee uses an issued cellular device:

1. The Director of Management Information Systems (MIS) shall review all monthly billing statements for service related issues each month. The Director of MIS shall then provide Accounts Payable copies of the monthly billing statements for all employees issued cellular devices within 5 working days of receipt.
2. Accounts Payable shall sort statements by department and shall distribute the sorted statements via email to each department.
3. Department Heads/Supervisors shall distribute statements to each employee issued a cellular device within their department each month.
4. Every employee issued a cellular device shall review their monthly billing statement and shall:
  - a. Highlight each outgoing and incoming telephone call deemed to have been of a personal nature.
  - b. Total all service minutes for every highlighted call and, using a pen, record that total on the Cell Phone Reimbursement Form (Attachment A) in the My Personal Minutes box.
  - c. Multiply the total personal use minutes by the service reimbursement rate of \$0.08/minute and, using a pen, record the total reimbursement requirement on the Cell Phone Reimbursement Form (Attachment A) in the Amount Owed for Personal Minutes box.
  - d. If the cost of the total personal use is \$1.00 or more, write a check for the total amount payable to the Escambia County School District.
  - e. Complete all remaining sections of the Cell Phone Reimbursement Form (Attachment A) with the required signatures, dates and certifications.
  - f. Return the Cell Phone Reimbursement Form (Attachment A), monthly billing statement and any required check to the Department Director/Supervisor within 10 days of the receipt of each monthly statement.
5. The Department Head/Supervisor shall:
  - a. Review, sign and date each Cell Phone Reimbursement Form (Attachment A).
  - b. Provide the coding the cell phone is charged to in the coding box on the Cell Phone Reimbursement Form (Attachment A).
  - c. Remit a copy of all Cell Phone Reimbursement Forms (Attachment A) with attached checks to the Revenue Department in one packet for the period. Copies of forms which do not require payment should not be sent.

- d. Maintain a file for each cell phone user in his/her department. The file shall be comprised of:
  -  [Copy of completed Request for Wireless Device, 9500-INT-516](#) (Attachment B)
  -  [Original completed monthly Cell Phone Reimbursement Forms, 9500-INT-504](#) (Attachment A)
  -  Highlighted individualized billing statements for each month
6. Every Department Director/Supervisor shall ensure employees with cellular devices within their departments comply with this procedure and shall periodically audit the submitted statements of their employees for accuracy.
7. Department Director/Supervisor shall report any instance of suspected cellular service fraud, waste, or abuse to their respective Assistant Superintendent immediately.

### III. Contingencies/Variations:

1. None

**ATTACHMENT A  
CELL PHONE REIMBURSEMENT  
9500-INT-504**

|   |                                 |                            |         |  |        |  |  |                 |        |            |   |             |   |  |  |   |  |  |  |  |  |  |  |   |   |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|---|---------------------------------|----------------------------|---------|--|--------|--|--|-----------------|--------|------------|---|-------------|---|--|--|---|--|--|--|--|--|--|--|---|---|--|--|--|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| THE SCHOOL DISTRICT OF ESCAMBIA COUNTY<br>Accounting Operations - Revenue<br>75 North Pace Blvd., Pensacola, FL 32505<br>Phone: 429-2917  | <b>CELL PHONE REIMBURSEMENT</b> |                            |         |  |        |  |  |                 |        |            |   |             |   |  |  |   |  |  |  |  |  |  |  |   |   |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <p><b>To:</b> Revenue Department</p> <p><b>From:</b> _____</p> <p><b>Date:</b> _____</p> <p><b>Re:</b> Monthly Billing Statement for Cellular Telephone/BlackBerry Service from _____</p> <hr/> <p>Each employee assigned a district cell phone is responsible for reimbursing the District for any personal calls made or received which in total are \$1.00 or more for the period.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>My Personal Minutes</b></td> <td style="width: 100px;"></td> </tr> <tr> <td style="padding: 5px;">                     Cost Per Minute<br/> <i>(The current reimbursement cost per minute will be \$0.08. Updates will be made if there are increases in the cost from the provider.)</i> </td> <td style="text-align: center; padding: 5px;">\$0.08</td> </tr> <tr> <td style="padding: 5px;"><b>Amount Owed for Personal Minutes</b><br/><i>(Multiply personal minutes by cost per minute)</i></td> <td></td> </tr> </table> <p style="text-align: center;">If the total amount owed is less than \$1.00, a check will not be necessary.</p> <p><b>Coding for phone:</b></p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Fund T Function</td> <td style="text-align: center; padding: 5px;">Object</td> <td style="text-align: center; padding: 5px;">Facilities</td> <td style="text-align: center; padding: 5px;">Project</td> <td style="text-align: center; padding: 5px;">Sub Project</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table> <p><b>Please check the appropriate box:</b></p> <p><input type="checkbox"/> I have reviewed my billing statement and the amount owed for personal minutes is not in excess of \$1.00.</p> <p style="margin-left: 100px;">         _____<br/>         SIGNATURE <span style="margin-left: 200px;">_____</span><br/>         DATE     </p> <p><input type="checkbox"/> I have reviewed my billing statement and enclosed a check made payable to the Escambia County School District for personal calls made on this statement.</p> <p style="margin-left: 100px;">         _____<br/>         SIGNATURE <span style="margin-left: 200px;">_____</span><br/>         DATE     </p> <p><b>Department Head/Supervisor:</b></p> <p><input type="checkbox"/> I have reviewed the user's documents.</p> <p style="margin-left: 100px;">         _____<br/>         SIGNATURE <span style="margin-left: 200px;">_____</span><br/>         DATE     </p> |                                 | <b>My Personal Minutes</b> |         | Cost Per Minute<br><i>(The current reimbursement cost per minute will be \$0.08. Updates will be made if there are increases in the cost from the provider.)</i> | \$0.08 | <b>Amount Owed for Personal Minutes</b><br><i>(Multiply personal minutes by cost per minute)</i> |  | Fund T Function | Object | Facilities | Project   | Sub Project | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |   |  |  |  |  |  |  |  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |   |  |  |  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |  |  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |  |  |
| <b>My Personal Minutes</b>  |                                 |                            |         |  |        |  |  |                 |        |            |   |             |   |  |  |   |  |  |  |  |  |  |  |   |   |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Cost Per Minute<br><i>(The current reimbursement cost per minute will be \$0.08. Updates will be made if there are increases in the cost from the provider.)</i>  | \$0.08                          |                            |         |  |        |  |  |                 |        |            |   |             |   |  |  |   |  |  |  |  |  |  |  |   |   |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <b>Amount Owed for Personal Minutes</b><br><i>(Multiply personal minutes by cost per minute)</i>  |                                 |                            |         |  |        |  |  |                 |        |            |   |             |   |  |  |   |  |  |  |  |  |  |  |   |   |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Fund T Function   | Object                          | Facilities                 | Project | Sub Project  |        |  |  |                 |        |            |   |             |   |  |  |   |  |  |  |  |  |  |  |   |   |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
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| 9500-INT-504      Revised: October 2, 2012  |                                 |                            |         |  |        |  |  |                 |        |            |   |             |   |  |  |   |  |  |  |  |  |  |  |   |   |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |

**ATTACHMENT B**  
**REQUEST FOR WIRELESS DEVICE**  
**9500-INT-516**

| THE SCHOOL DISTRICT OF ESCAMBA COUNTY<br>Operations Department<br>75 North Pace Blvd, Pensacola, FL 32505<br>Phone: 850-469-6141  | <b>REQUEST FOR WIRELESS DEVICE</b><br><br><b>SERVICE TO BE PROVIDED BY DISTRICT</b>  |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
|---|--|----------|---------|----------|---------|------------|---------|------------|---------|--|---|--|---------|--|--|--|--|
| Cellphone #: _____ Request Date: _____<br>Applicant Name: _____<br>Position: _____  | <u>Service Requested (Check One)</u><br><input type="checkbox"/> New: No previous equipment or service<br><input type="checkbox"/> Change: Equipment or services<br><input type="checkbox"/> Disconnect: Cancellation of services<br><input type="checkbox"/> Replacement: Lost, Damaged or Stolen |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| Cost Center #: _____ Name: _____ Phone #: _____   |  |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| <b>Budget account to be charged: (Required)</b>   |  |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 5%;">Fund</th> <th style="width: 2%;">T</th> <th style="width: 10%;">Function</th> <th style="width: 10%;">Object</th> <th style="width: 10%;">Facility</th> <th style="width: 10%;">Project</th> <th style="width: 10%;">Subproject</th> <th style="width: 10%;">Program</th> </tr> </thead> <tbody> <tr> <td></td> <td>E</td> <td></td> <td>0 3 7 3</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  |  | Fund     | T       | Function | Object  | Facility   | Project | Subproject | Program |  | E |  | 0 3 7 3 |  |  |  |  |
| Fund  | T  | Function | Object  | Facility | Project | Subproject | Program |            |         |  |   |  |         |  |  |  |  |
|   | E  |          | 0 3 7 3 |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| <u>Item Requested</u><br><input type="checkbox"/> Smartphone<br><input type="checkbox"/> Cell phone with radio (PTT)<br><input type="checkbox"/> Radio (PTT) only<br><input type="checkbox"/> Hotspot   | <u>Additional Service Requested</u><br><input type="checkbox"/> GPS – Employee Tracking<br><input checked="" type="checkbox"/> Caller ID<br><input checked="" type="checkbox"/> Voice Mail   |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| Identify the specific position responsibilities that justify this request: (Mark all that apply)<br><input type="checkbox"/> Immediate communication between staff and/or public agencies is required<br><input type="checkbox"/> Personal safety while conducting official ECSD business<br><input type="checkbox"/> Position requires communication other than a traditional land line<br><input type="checkbox"/> Unit transfer from previous employee in this position<br><input type="checkbox"/> Other (explain): _____   |  |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| Identify the percentage of work time spent out of the office: _____ %<br>If requesting Smartphone, please document activities requiring this service: _____<br>_____<br>_____   |  |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| <p>District wireless devices will be issued based on position responsibilities. It is the expectation of the District that wireless devices will be used judiciously. District employees will limit cell phone usage; calls will be made on a conventional land line whenever possible if one is reasonably available. District owned wireless devices should only be used for official District business. Employees using District owned wireless devices will receive a copy of their monthly bill, and must complete an audit sheet and reimburse the District for any personal use. The approving supervisor shall provide oversight of the use of the wireless device by reviewing documentation for usage and verifying reimbursement requirements. Employees terminating employment with the District or moving to other positions within the District must deliver any wireless devices they have been issued to their supervisor prior to their final day.</p> |  |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| <b>Required Signatures:</b><br>Applicant: _____ Date: _____<br>Supervisor: _____ Date: _____<br>Assistant Superintendent: _____ Date: _____<br>Superintendent/Deputy Superintendent: _____ Date: _____  |  |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| Cell phone System Manager Only: Completed By: _____ Date: _____   |  |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |
| 9500-INT-516 Revised: June 12, 2014   |  |          |         |          |         |            |         |            |         |  |   |  |         |  |  |  |  |