Cell Phone Usage Guidelines for Non-Exempt Employees
Acknowledgement Form Agreement

It has been determined by my manager that using a cell phone is a necessary requirement to perform the essential functions of my position. Accordingly, the employee will be receiving a cell phone allowance or reimbursement for the use of work related use of my phone.

Given this determination the undersigned employee and manager acknowledge and agree to the following responsibilities:

- Using a cell phone is a necessary tool needed to perform the essential functions of the employee’s position.
- Employee will not use the cell phone when driving or in any way that is illegal or harmful.
- Employee will use the cell phone for work related purposes during work hours.
- Employee will refrain from using cell phone for personal business during work hours.
- If employee is contacted on the cell phone for non-emergency work related purposes, after regular work hours, employee will respond the next business day.
- If employee is contacted on the cell phone for a work related purpose, after regular work hours, and employee performs any work as a result, employee will record any and all hours worked in the payroll timekeeping system. Employee will notify the manager by phone or email, as soon as possible, in the event work is performed after hours.
- Employee and manager agree that if they have any questions about recording time worked they will contact the CMC Payroll Office at (909) 607-1065 or the Human Resources Office at (909) 621-8490.
- If there are any questions about this acknowledgement form agreement, please contact the Human Resources Office at (909) 621-8490.

We, the undersigned, agree that I have read, understand and will comply with these guidelines.

Employee Name: ________________________________
(Please Print)

Employee Signature: ____________________________ Date_______________________

Manager Name: ________________________________
(Please Print)

Manager Signature: ____________________________ Date_______________________