

Employee Agreement for Reimbursement of Cell Phone Business Usage

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| Employee Name | Employee ID# | Cell Phone # |
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|----------------|------|-------|-----|
| Street Address | City | State | Zip |
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| Department Name | Account # |
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| Complete appropriate box | Position | Monthly Reimbursement Amount |
| | Coaches, Admissions, Deans, Directors | \$50.00 or less |
| | Vice President | \$75.00 or less |
| | President | \$130.00 or less |

I agree that this reimbursement is provided to me to reimburse me for the official University Business usage of my personal cell phone. My level of service is to be reviewed annually to determine if the reimbursement is appropriate. I certify that this reimbursement amount is adequate reimbursement for University business conducted on my device and is not greater than my monthly basic service plan and that I will notify the University when my basic service plan is reduced below my reimbursement amount. This reimbursement will not be included on my W-2 form as taxable income. Cumberland University is not responsible for the tax consequences of the reimbursement for the business use of my personal communication device. However, reimbursement presumes predominate University business usage. Reimbursement may not exceed the basic monthly service amount.

I agree to notify the University if my business usage significantly decline for a sustained period. I will notify my supervisor in writing, as soon as practicable and the reimbursement amounts may be adjusted. If the University determines that there's no longer a business need for me to receive the reimbursement, the reimbursement will cease. If I separate from University employment, the phone number assigned to my device will remain my property.

All records provided to the University to support the reimbursement are the property of the University and potentially subject to disclosure. I retain the right to block-out detail from the statements that is personal, should I be required to disclose these documents.

I am responsible for safeguarding my device, including any data on the equipment, and controlling its use. In the interest of safety, I will exercise appropriate care and caution while using the device and I will be in compliance with current University polices, state and federal laws while using a communication device when driving a motor vehicle.

I have read the Cumberland University Policy and Procedures concerning the reimbursement of business use of my personal communication device and agree to its provisions.

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| Employee Signature | Date | Campus Extension# |
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| Supervisor | Department | Campus Extension# |
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| Vice President | Title | Campus Extension# |
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