TRINITY LUTHERAN CHURCH	Number	3.10.15
CAMP HILL, PENNSYLVANIA	Subject	CELL PHONE STIPEND POLICY & AGREEMENT
	Effective Date	09/14/2021
	Team	IT/AV

Employee Name: _____

Job Title: _____

Stipend Start Date:_____ Payment will begin with the next payroll period

Monthly Reimbursement Amount: $ _____ Not to exceed $50 per month

Summary

Employees who are expected to be available by phone at all times may be eligible to receive a monthly cell phone reimbursement to compensate for business-related use of their personally-owned cell phone, upon approval of the Lead Pastor. The reimbursement will be considered a non-taxable fringe benefit to the employee. Trinity Lutheran Church will review reimbursement on an annual basis. In addition, rostered staff may elect to use their professional expense accounts to reimburse cell phone costs.

Employee Responsibilities

Recipients of a cell phone reimbursement have the following responsibilities:

- Maintain cellular phone service and equipment, including responsibility for vendor terms and conditions. The employee for paying all charges associated with the cellular service and device.

- Promptly report any cell phone number change.

- Report theft or loss of a phone in order to allow Trinity-specific services to be canceled.

- Comply with all Federal and State data maintenance and protection laws, as well as all Trinity policies, including those pertaining to data security, acceptable computing use, and email.

- Delete all Trinity data from the cell phone when employment with Trinity is severed, except when required to maintain the data in compliance with a litigation hold notice.

Employee Certification

By signing below, I certify that I have read, understand, and agree to terms above and my responsibilities under this policy. I further certify that the above reimbursement will be used toward expenses that I incur for cell phone usage for business purposes. I understand that Trinity Lutheran Church is not responsible for the business use of my personal cellular device.

_____

Employee Signature/Date

_____

Lead Pastor Signature/Date