**Employee Cellular Service Reimbursement**

**and open Records Act Acknowledgement**

\_\_\_\_\_\_\_\_\_\_County recognizes that certain employees may require the use of cellular telephones (“cell phones”) in the performance of their official duties or employment, including, but not limited to, communicating and coordinating with County residents, employees, officials, and supervisors while out of the office, on official business, or in the event of an emergency. To help offset the business-related costs of cell phone use, the County will provide a monthly cell phone reimbursement to authorized employees in the amount of \_\_\_\_\_ dollars ($xx.xx), regardless of the cell phone plan or provider chosen by the employee, and regardless of whether such plan is new or preexisting, so long as the plan and provider provide sufficient coverage to fulfill the duties for which the cell phone is required.

By signing below, I hereby acknowledge that, throughout the period of time in which I receive a cell phone reimbursement, I must provide my cell phone number to my supervisor, immediately notify my supervisor if that number is changed, maintain continuous cell phone service, and respond when called for County-related business.

I further acknowledge that, as an employee of \_\_\_\_\_\_\_\_\_\_ County, a political subdivision of the State of Georgia, records produced by me, or on my behalf, relating to my employment or service to \_\_\_\_\_\_\_\_\_\_\_ County, constitute “public records” within the meaning of the Georgia Open Records Act (O.C.G.A. § 50-18-70, *et seq.*), which are subject to Open Records Act requests and may be disclosed to the public in response to the same. **I further acknowledge that all cell phone records pertaining to the performance of my official duties and employment are subject to Open Records Act requests, regardless of whether I receive cell phone reimbursements from the County, and that it is my duty, as a County employee, to expeditiously produce such records upon request by the Open Records Officer for the County.**

Furthermore, I acknowledge that I am an employee at-will and have entered into my employment with \_\_\_\_\_\_\_ County voluntarily, for no specified length of employment. I also acknowledge that my duty to produce public records, including business-related cell phone records, is not contingent upon my receipt of compensation or my participation in a cell phone reimbursement plan, and that neither my acknowledgement or participation in the monthly cell phone reimbursement plan, nor my obligation to produce public records in my possession or control, constitutes a contract of employment or otherwise modifies my status as an employee at-will.

SIGNED BY: DATE:

*(Employee signature)* (Date signed)

EMPLOYEE NAME:

*(Print employee’s name)*

POSITION:

*(Employee’s position)*

Ver. 01/2020