

George H. Ryan
Governor



Jess McDonald
Director

Illinois Department of Children & Family Services

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: B, D

POLICY GUIDE 2002.10

REIMBURSEMENT FOR BUSINESS USE OF PERSONAL TELEPHONES

RELEASE DATE: September 3, 2002
TO: All Department Staff
FROM: Jess McDonald
EFFECTIVE: Immediately

I. Purpose

The purpose of this Policy Guide is to issue policy for the reimbursement of DCFS personnel who use their personal cellular **or** home telephones for business related calls. This policy does not apply to contractual employees. All expense reimbursement for contractual employees must be addressed in the contract with the respective employee.

II. Reimbursement for Use of Personal Phones

The Department will provide limited reimbursement of up to 30 minutes of airtime per month to staff using personal phones for business related calls provided the following criteria are met:

- A. Prior approval through the appropriate reporting structure, i.e., supervisor, Regional Administrator and Deputy Director has been provided using the attached form **CFS 124, Cellular Telephone Request/Reimbursement Form**.
- B. The employee requesting reimbursement must provide a detailed account listing of all calls in the form of a receipt and/or bill from the cellular vendor or phone company, which must include:
 - 1. Date of call
 - 2. Number called
 - 3. Duration of call
 - 4. Cost of call

406 E. Monroe Street • Springfield, Illinois 62701
217-785-2509 • 217-524-3715 / TTY



5. Person called



- C. Reimbursements must be paid from the appropriate Region's/Division's budget and is always a telecommunication expenditure. Reimbursement to staff is not to be made using a C-10 travel voucher. All reimbursements should be completed on a C-13 invoice voucher and forwarded to the Vouchering Unit in Springfield with the CFS 124 attached.

NOTE: The Department will only reimburse for the cost of the call. Taxes, fees and roaming costs charged by the cellular service are not reimbursable.

III. Use of Personal Phones for Emergency Calls

The Department recognizes that there are some instances when a personal cell phone or home phone must be used as in the case of an emergency. Personnel will be reimbursed for up to three (3) calls per month for a maximum of ten (10) minutes per call, after which pre-approval must be obtained as in Article II above. If the ten (10) minute time limit is exceeded, further justification is required. If reimbursement is requested under this policy for three (3) consecutive months, pre-approval will be required under Article II. In order to be reimbursed for business related emergency calls made without prior authorization the following must be provided:

- A. Documentation as to the nature of the emergency.
- B. A detailed account listing of the call(s) in the form of a receipt and/or bill from the cellular vendor or phone company, which must include:
 - 1. Date of call
 - 2. Number called
 - 3. Duration of call
 - 4. Cost of call
 - 5. Person called

IV. Form

The **CFS 124, Cellular Telephone Request/Reimbursement Form** is attached. Additional supplies of the form may be accessed on the SACWIS T-Drive or ordered from Stores.

CFS 124 Questions 8/2002

Questions regarding these procedures may be directed to Martin Sutherland at 217-785-2588
CFS 124
8/2002

VI. Filing Instructions

Place this Policy Guide immediately following **Administrative Procedure #12, Travel Guide**.

George H. Ryan
Governor



Jess McDonald
Director

Illinois Department of Children & Family Services

Cellular Telephone Request/Reimbursement Form

Date _____

Employee Name _____

Social Security Number _____ - _____ - _____

Division _____

Title _____

Type of Request (circle one)

New Cell Phone	Replacement cell phone Current#: (_____) _____ - _____	Approval to be reimbursed for business use of personal cell phone
----------------	---	--

Reason for Request (Identify corresponding criteria and provide job specific justification.)

Supervisor _____ Date _____

Deputy Director/Regional Administrator _____ Date _____

Budgetary Approval _____ Date _____

Administrative Services Deputy Director _____ Date _____

Date to CMS _____ Control # _____ Cell Phone # (_____) _____ - _____

Date Received _____ Mailed _____

406 E. Monroe Street • Springfield, Illinois 62701
217-785-2509 • 217-524-3715 / TTY

