## St. Clair County Community Mental Health

## Personal Use of Any Cell Phone During Paid Working Hours

## **Employee Acknowledgement**

The undersigned employee acknowledges that he/she has read, under with all terms of Policy 06-001-0160 Personnel: Personal Use of Cell	• •
Employee Name (Printed):	
Employee Signature:	_ Date:
Original: Personnel File	

HR Form: #06-0826 Reviewed Date: 5/1/2024

Policy Ref: #06-001-0085, #06-001-0160