



Cell Phone Use Policy

1.0 PURPOSE

To establish guidelines for the personal or business use of cell phones, PDA's, or other similar devices during work time to promote a safe and productive work environment.

2.0 SCOPE

This policy applies to all employees of the Laboratory.

3.0 RESPONSIBILITY

The interpretation and administration of this policy is the responsibility of the Vice President, Human Resources.

4.0 POLICY

- 4.1 Personal cell phones, PDA's or other similar devices shall be turned off or set to silent or vibrate mode during meetings, conferences and in other locations where incoming calls may disrupt the normal workflow.
- 4.2 Employees may carry and use personal cell phones, PDA's and other similar devices during work time on a sporadic basis. If an employee's use of these devices causes disruption or loss in productivity, the employee may be subject to disciplinary action, up to and including termination.
- 4.3 The personal or business use of a hand-held or hands-free cell phone, PDA or other similar device while driving a Lab-owned vehicle is prohibited. Specifically, the practice of texting while driving is recognized as a safety hazard and is prohibited during work time. If use of these devices is necessary, the employee is required to stop the vehicle in a safe location in order to safely use the device.
- 4.4 Employees who violate this policy are subject to disciplinary action up to and including termination.

This policy is not to be considered an employment contract or a guarantee of any kind. The Laboratory reserves the right to interpret, administer, revise, supplement, or rescind policies as it deems appropriate.

Acknowledgement of Cell Phone Use Policy

I have read the Cell Phone Use Policy and agree to follow all of the terms and procedures outlined in the policy for the duration of my employment.

I further agree not to text while driving during work time and understand that this practice, and any violations of the Cell Phone Use Policy, may lead to disciplinary action, up to and including termination.

I also understand that this policy may be amended by the Laboratory at any time and I will be notified of any such changes.

I have read and accept the terms of this policy.

Employee Signature

Employee Printed Name

Date