

**DMA Procedure: 67010-5**

**Name: CELLULAR DEVICE REIMBURSEMENT POLICY**

**Reference: 2-17-534 MCA (Security); 2-2-121 MCA (Conduct); 2-15-114 MCA (Security);  
45-6-311 (Computer Use) MCA; ARM 2.6.210 Cell Phone Use; MOM Information**

**Technology Policies**

**Effective Date:**

**Last Revised: March 1, 2018**

## **Purpose**

This documents the process for defining and obtaining approval for reimbursement of employee cellular devices and services; to establish responsibilities for the Department of Military Affairs (DMA) Chief Information Officer (CIO), Division Administrators, supervisors and employees; to identify and implement the most cost-effective communication service; improve efficiency; and to provide the ability to respond in emergencies or enhance employee safety.

## **Definitions**

Cellular device: A portable device, including cellular, satellite and smart phones, air cards, and other Personal Data Assistant (PDA) devices, with cellular communications capability. These devices may be state owned/leased or employee owned/leased.

## **Requirements for Issuing Reimbursement for Employee Owned Devices**

Cellular devices may be issued when it is more cost effective and efficient than landlines or desk phones and only when the Division Administrator determines it is in the best interest of the State of Montana. State cellular devices may be issued to an individual or a work group. An individual within a work group shall be assigned responsibility for the work group device.

DMA shall use the existing state contracts for state device services unless there are compelling business reasons to do otherwise. Contact the DMA CIO for contract and vendor information and/or to discuss alternatives.

The ***Employee Owned Cellular Device Reimbursement Authorization Form*** located on the last page of this document must be completed before a cellular device or reimbursement can be issued. This form documents the requirements of the DMA IT policy and provides a record of the equipment or the amount requested for reimbursement and the responsible individual.

DMA CIO will work with the employee's Division Administrator to determine the best cellular device plan based on the employee's need. The appropriate Division Administrator must sign the cellular device authorization form for approval prior to implementation.

## **Eligibility**

State cellular devices or reimbursement may be issued based on one or more of the following job requirements and only when the Department Administrator determines it is in the best interest of the State of Montana:

- ▶ Employee's job requires field work where landline phones or radio communication are inaccessible or inefficient and/or must have a way of communication for safety purposes.
- ▶ Employee's job requires immediate or on-call availability.
- ▶ Employee's job requires consistent travel and availability via cellular device.
- ▶ Employee's job requires a smart phone for internet and email access.

## **Requirements for Usage**

- When the state reimburses an employee's phone expenses, the employee must follow all policies on usage, record keeping and security.
- DMA CIO or supervisors may inspect an employee's phone if there is a suspicion of security breach, i.e. virus or malware.
- Employees are to contact the DMA CIO to determine the appropriate level of protection on their device.
- The State of Montana's IT Acknowledgement Access statement applies to devices used for state business per 45-6-311 MCA.

## **Requirements for reimbursement of employee owned cellular device:**

The *Employee Owned Cellular Device Reimbursement Authorization Form* must be filled out and signed by the employee, the employee's immediate supervisor, the Division Administrator/Program Director, and the DMA CIO.

- The form must be completed and returned to the DMA CIO prior to any action taken to obtain a phone or provide reimbursement.
- A copy of the completed form will be kept in the employee's payroll file located in the DMA Director's Office.
- Employees are responsible for the direct payment of their cell phone bill.
- No reimbursement shall be made for costs more than the employee's authorized fixed rate.
- The Department is not responsible for any service changes, damages, or repairs to the personal cellular device.

## **Requirements for non-reimbursement of employee owned cellular device:**

Wifi is available at DMA. Employees may request to use their personal device to receive their state email. This request shall be approved by the DMA CIO. The employee shall not be reimbursed by the Department for reading or responding to emails using a personal cellular device unless previously approved by the respective Division Administrator. The employee's personal cellular device will not be supported by the Department of Military Affairs.

## **Responsibilities**

- **DMA CIO will:**
  - ▶ Provide oversight and agency wide guidance and coordination for maintenance of inventory records of authorized use of cellular devices.
  - ▶ Work with employee's supervisors to determine and advise best plans based on employee need.
  - ▶ Perform periodic reviews to ensure the most efficient use of minutes and cellular plan.
  
- **Division Administrator or Designee will:**
  - ▶ Work with the DMA CIO to determine best plan based on employee need.
  - ▶ Authorize or deny each plan and device request based on budget and program needs.
  - ▶ Be responsible to evaluate cost/benefit criteria dictating employee need of cellular device based upon the requirements of this policy and applicable business requirements.
  - ▶ Ensure their employees understand or comply with this policy and its requirements.
  - ▶ Review individual cellular device assignments quarterly, to determine if there is a continuing need and if the cost is justified.
  - ▶ Receive employee's cellular device bill on an annual basis to verify need for reimbursement and to keep the reimbursement rate below the employee's actual billed rate. Send notice to DMA CIO.
  
- **Employees using cellular devices:**
  - ▶ Are responsible for state device equipment and proper use of the equipment in their possession.
  - ▶ Provide written notification to their supervisor or appropriate management within 5 business days of damage, loss or theft of the device or discontinued or loss of service.
  - ▶ Understand and comply with agency and state policy regarding cellular devices.
  - ▶ Will NOT be reimbursed for any overages on their private device bill.
  - ▶ Maintain their own private device.

## **Enforcement**

Enforcement actions for violations of this policy include but are not limited to revocation of cellular device privileges and/or possible disciplinary action up to and including termination of employment.

# DEPARTMENT OF MILITARY AFFAIRS

## Employee Owned Cellular Device Reimbursement Authorization Form

Date of Request: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Title \_\_\_\_\_

Employee ID #: \_\_\_\_\_

The specific job responsibilities of this employee requiring a cellular device are:

\_\_\_\_\_  
\_\_\_\_\_

### Reimbursement Agreement:

**The Division Administrator, the employee's immediate supervisor and DMA CIO have reviewed the cell phone minute and/or data need and recommends the following:**

Recommended monthly reimbursement \$ \_\_\_\_\_ *This reimbursement rate is subject to change without notice, based on the Department of Administration's contract rates.*

Phone purchase cost is employee's responsibility.

\_\_\_\_\_  
(Supervisor Signature) (Date)

\_\_\_\_\_  
(Division Administrator Signature) (Date)

\_\_\_\_\_  
(DMA CIO Signature) (Date)

The personal cell phone number that relates to this reimbursement is: ( ) \_\_\_\_\_

**I agree and understand this phone number may be published and distributed to others as a means of contact for work related purposes. I also agree to alert my Supervisor and the DMA CIO to discontinue this reimbursement in the event my cellular service is interrupted or discontinued for any purpose. I have read and understand the State of Montana Cellular Device Policy.**

**Cellular device reimbursement does not constitute an increase to base pay and will not be included in the calculation of increases to base pay due to statutory pay increases, occupational market adjustments, job changes, etc.**

**IRS regulations: I understand this reimbursement is taxable. Federal withholding forms issued by the State of MT to employees shall include monies paid for cellular device reimbursement.**

\_\_\_\_\_  
Employee Signature (Date)