



DMA Policy: 67010-5

Name: REIMBURSEMENT OF PERSONAL CELLULAR DEVICES POLICY

Reference: 2-17-503, MCA; 2-2-121, MCA

2-15-114, MCA; 45-6-311, MCA;

ARM, 2.6.210 Cellular Phone Use

MOM Information Technology Policies

Approval Signature: _____

Effective Date: January 1, 2011

Last Revised: April 11, 2013

Purpose

The purpose of this policy is to establish approval requirements for reimbursement of employee cellular devices and services; to establish minimum requirements for cellular device use; to establish responsibilities for the Information Technology Manager, supervisors and employees; to lower communication costs; improve efficiency; and to provide the ability to respond in emergencies or enhance employee safety.

Definitions

Cellular device: A portable device, including cellular telephones, satellite phones, air cards, Blackberry devices and other Personal Data Assistant (PDA) devices, with cellular communications capability. These devices are private owned/leased (private device).

Requirements for Issuing Reimbursement for Employee Owned Devices

- DMA shall use the existing state contracts for state device services unless there are compelling business reasons to do otherwise. Contract and vendor contact information can be found at the Department of Administration/Information Technology Services Division web page.
- DMA Information Technology manager will work with the employee's supervisor to determine the best cellular device plan based on the employee's need and have the appropriate supervisor sign the cellular device authorization form for approval.
- Eligibility – Reimbursement will be based on one or more of the following:
 - ▶ 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

Requirements for Usage

- User responsibilities specified in policy ENT-SEC-081 User Responsibility and ENT-SEC-041 Transmission Privacy apply in so far as a cellular device under this policy provides a capability listed in those policies.

Requirements for Reimbursement of Private Device Costs for Business Purposes:

- Fixed Monthly Rate: Employees will be reimbursed at a fixed monthly rate approved by the Information Technology and Program Managers:
 - ▶ This reimbursement is available to those employees who are required to maintain a private device:
 - For the performance of their job duties and have not been issued a state device.
 - Because the agency has determined it either is more efficient or is essential for the performance of their job duties.
 - ▶ The fixed monthly rate shall be no higher than a current state contract plan that would have been selected based on the number of minutes appropriate for the employees job-related duties.
 - ▶ A Private Cellular Device Reimbursement Authorization Form must be filled out and signed by the employee, the employee's supervisor, the division administrator, and the Department Director.
 - The form must be completed and returned to the DMA Information Technology Manager.
 - A copy will be kept in the employee's official personnel file located in CSD.
 - ▶ Employees who receive a monthly fixed reimbursement are responsible for the direct payment of their cell phone bill.
 - ▶ Employees who are issued a state device are not eligible to be reimbursed at a fixed monthly rate.
- NO reimbursement shall be made for costs in excess of the employee's authorized fixed rate.
- The Department is not responsible for any service changes, damages, or repairs to the personal cellular device.

Responsibilities

- DMA Information Technology Manager will:
 - ▶ Provide oversight and agency wide guidance and coordination for maintenance of inventory records of authorized use of cellular devices.

- ▶ Work with employee supervisors to determine best plans based on employee need.
- ▶ Review all approved cellular device requests.

- Employee Supervisors will:
 - ▶ Work with the DMA cellular manager to determine best plan based on employee need.
 - ▶ 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.

- Employees using cellular devices will:
 - ▶ Provide written notification to their supervisor or appropriate management within 5 business days of discontinued or loss of service for the cellular device
 - ▶ Understand and comply with agency and state policy regarding cellular devices.
 - ▶ 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.

DEPARTMENT OF MILITARY AFFAIRS

Private Cellular Device Reimbursement Authorization Form

Effective Date of Authorization: _____
Employee Name: _____
Job Title / Working Title: _____
Employee ID #: _____

The specific job responsibilities of this employee that require a cellular device are described here:

Fixed Monthly/Stipend Reimbursement:

The Division Administrator and the Bureau Chief have reviewed the cell phone minute and/or data need and recommends the following (see back for chart):

Recommended monthly reimbursement \$ _____

Phone purchase cost is the responsibility of the employee.

(Supervisor Signature)

(Date)

(Division Administrator Signature)

(Date)

The personal cell phone number that relates to this reimbursement is: (406) _____

And as part of this agreement, I agree to have this phone number published in Department of Military internal phone list directory as a means of contact for work related purposes. I also agree to alert my Supervisor and the Information Technology Manager to discontinue this reimbursement in the event cellular service is interrupted or discontinued for any purpose. I have read and understand the DMA Reimbursement of Personal Cellular Devices Policy and the State of Montana Cellular Device Policy.

Employee Signature

(Date)

PRICE LIST WORKSHEET

State Contract Prices- will be reviewed every 12 months

*Carriers of choice because of coverage area

Business needs:

_____ Minutes per Month

_____ State Contract Price

_____ Text Price

_____ Data Price

+ %6.0 (taxes) = \$ _____

Phone Cost (not part of monthly reimbursement and only allowed for purchase of first phone and/or every 2 years on approval):

State Contract Cost (as of 1/29/10) = \$79.99 data only, no ability to "remote in"

Or

\$99.99 data with ability to "remote in"

+ %** (taxes) = \$ _____

**Implementation intent is to ensure employee receives the net recommended \$ amount.