

# SOUTHEASTERN LOUISIANA UNIVERSITY

**EFFECTIVE DATE:** February 1, 2012

**SUBJECT:** CELLULAR PHONE POLICY

## **I. POLICY:**

It is the policy of Southeastern Louisiana University to utilize cellular phones in the most cost efficient and effective way to carry out its mission. Revisions of this policy are effective with the approval of the President of the University.

## **II. PURPOSE:**

This policy will establish guidelines for determining the need for cellular phones and accounting for their use by the employees of Southeastern Louisiana University.

## **III. APPLICABILITY:**

This policy will apply to all offices within Southeastern Louisiana University with cellular phones assigned to employees within their section and/or division.

## **IV. PROCEDURES FOR OBTAINING CELLULAR SERVICE:**

Southeastern Louisiana University offers two types of cellular service to University employees, **Option I and Option II.**

### **Option I:**

- a.) An employee whose Unit Head certifies that a cellular telephone is necessary for them to satisfactorily perform their duties on a frequent basis will be given a monthly cellular voice allowance in the amount of \$30.00. Those required to have a data plan to satisfactorily perform their duties will be given a monthly cellular data allowance in the amount of \$30.00 in addition to the cellular voice allowance.

The President must approve an employee's participation in this option. There will be no reimbursement of any charges other than this allowance. The allowance will be spread over the employee's twenty-six or ten pay periods. Every January, an employee's need for a cellular phone will be initiated and re-certified by the employee's Unit Head, and approved by the President or his designee using the Cellular Phone Acknowledgment and Certification Form (See Attachment 1). Employees will be responsible for promptly notifying the Unit Head or Dean if the cell service is discontinued.

- b.) Employees who infrequently are required to utilize their personal cellular phone to perform their duties may request reimbursement (in the amount of \$0.08 per minute) for such calls by using the Employee Personal Cellular Telephone Log (See Attachment 2).

**Phones covered by this Option are not restricted for "Business Purposes Only" and may be used for personal calls.**

### **OPTION II:**

Southeastern Louisiana University provides an employee with cellular service and a cellular telephone.

Employees who choose this option will be required to complete a request for cellular service using the Cellular Phone Approval Request Form (See Attachment 3). In order to complete the form, the employee must contact Telephone Services to determine the exact device and voice plan they will be requesting and the associated costs. The user will be

required to keep detailed logs of all cellular activity using the Employee Cellular Telephone Log (See Attachment 4). These logs should document who was called or who the call was from, purpose of call and date, time, and length of call. These logs will be submitted on a monthly basis to the employee's supervisor who will review and compare it with the cellular phone bill to ensure that all calls were properly recorded. Once approved, the log and the bill will be sent to Telephone Services for payment.

Upon separation from the University, the device must be returned to the Department Head.

**Cellular phones issued under this option can be used for "Business Purposes Only". Personal calls are strictly prohibited.**

**Employees will be subject to loss of cellular phone privileges for use of this cellular phone for personal calls under Option II, or other violations of this policy.**

**VI: RESPONSIBILITY:**

**PRESIDENT OR APPOINTED AUTHORITY:**

Assures compliance with this policy. Annually approves certifications submitted by immediate supervisor that conditions which justified issuance of a cellular telephone still exist.

**IMMEDIATE SUPERVISOR:**

Assures subordinates' compliance with the University Cellular Phone Policy. Submits annual certification to the President or Appointed Authority that conditions which justified issuance of a cellular telephone still exist.

**EMPLOYEE:**

Provides annual certification that substantiates the work-related need for a cell phone.

**VII. EXCLUSION:**

Any exceptions to this policy must be requested in writing through administrative channels to the President.

**VIII. QUESTIONS:**

Questions regarding this policy should be directed to Telephone Services.

\_\_\_\_\_

President

\_\_\_\_\_

Date

**SOUTHEASTERN LOUISIANA UNIVERSITY  
Cellular Phone Policy Acknowledgment and Certification Form**

**For Cellular Voice Service:**

I \_\_\_\_\_ (Please Print Name) understand that, in accordance with Southeastern Louisiana University's Policy concerning cellular phones, I will receive a monthly allowance of \$30.00 to be used to provide cellular voice service that is needed in conjunction with the performance of my job duties.

**For Cellular Data Service (if applicable):**

I \_\_\_\_\_ (Please Print Name) understand that, in accordance with Southeastern Louisiana University's Policy concerning cellular phones, I will receive a monthly allowance of \$30.00 to be used to provide cellular data service that is needed in conjunction with the performance of my job duties.

The amounts approved on this Certification Form will be the only reimbursement for cellular phone expenses I receive.

I acknowledge that I have been informed that I must maintain cellular service in order to receive reimbursement, and my failure to do so will subject me to disciplinary action.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's W Number

\_\_\_\_\_  
Department Head or Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President or Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date

**Please forward this completed form to Telephone Services.**



Date	Time	Organization/Person Called or Organization/Person Calling	Reason/Purpose of Call	Length of Call

Total Number of Calls: \_\_\_\_\_

Total Number of Minutes: \_\_\_\_\_

Cost Center Billed: \_\_\_\_\_

I hereby certify that the above listed phone calls charged to my personal cellular phone listed on the Employee Personal Cellular Telephone Log for the month of \_\_\_\_\_ were necessary for the performance of my duties for Southeastern Louisiana University.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I approve the above calls and certify that they were necessary for the performance of this employee’s duties. I have reviewed this request and certify that all calls for which the employee is requesting reimbursement have been properly recorded.

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SOUTHEASTERN LOUISIANA UNIVERSITY  
Cellular Phone Request Form

TO: PRESIDENT

FROM: \_\_\_\_\_

RE: Approval for Cellular Service

DATE: \_\_\_\_\_

I am requesting your approval of a \_\_\_\_\_  
(Type Brand, Model of what service)

to be used by \_\_\_\_\_  
(Name of Employee to whom the Cellular phone will be assigned)

\_\_\_\_\_  
(Type of Plan)

\_\_\_\_\_  
(Service Provider)

\_\_\_\_\_  
(Cost) (Budget Unit)

**Use Space below for additional justification if plan is above minimum of 450 minutes per month.**

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

I have read and agree to comply with Southeastern Louisiana University's Cellular Phone Policy. I understand that I may be subject to disciplinary action for violation of this policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

**PRESIDENT SIGNATURE**

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Denied

After approval, a budget adjustment should be completed and attached to this form and submitted to the Budget Office for processing. The Budget Office will forward it to Telephone Services who will then place the order for the cellular device and plan.



Date	Time	Organization/Person Called or Organization/Person Calling	Reason/Purpose of Call	Length of Call

Total Number of Calls: \_\_\_\_\_

Total Number of Minutes: \_\_\_\_\_

Cost Center Billed: \_\_\_\_\_

I hereby certify that the above listed phone calls charged to my cellular phone listed on the Employee Cellular Telephone Log for the month of \_\_\_\_\_ were necessary for the performance of my duties for Southeastern Louisiana University.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I approve the above calls and certify that they were necessary for the performance of this employee's duties. I have reviewed the cellular phone bill and certify that all calls on the bill have been properly recorded.

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_