### Mobile Communication Device Policy

**Policy Number:** AF 01-001

Policy Administrator:Vice President for Administration and FinancePolicy Initiator:Vice President for Administration and FinanceAuthority:Vice President for Administration and Finance

**Effective Date:** July 2016

**Revised Date:** 

**Approved:** President Thomas A. Cropper

**Approval Signature:** /s/

#### **Purpose:**

Provide guidelines for mobile communication devices operated by California State University Maritime Academy

- 2. Mobile communication device reimbursement
  - **a.** An employee may be eligible for a mobile communication device reimbursement for the business use of her/his personal mobile communication device.
  - **b.** Only employees who have been identified to carry a mobile communication device so as to be available to Cal Maritime, generally 24/7, and have been approved by the appropriate President's Cabinet Officer in each division may receive a mobile communication device reimbursement.
  - **c.** The mobile communication device reimbursement is not intended to fund the cost of the mobile device nor pay for the employees' monthly bill. The assumption is that most employees also use their mobile communication devices for personal business.

#### **Procedure:**

Each division is responsible for completing the mandatory authorization forms for the appropriate mobile communication device plan.

#### A. University-Owned Device:

- 1. The university will provide the appropriate mobile communication device plan from its service provider (for example: voice and/or data). It is expected that the appropriate administrator will select a service plan appropriate for the business need of the employee.
- 2. The use of the device is for business purposes and such use is excludable from the employee's income as a working condition fringe benefit.
- **3.** The issuance of the mobile device will be documented on the form titled, "*University-Owned Mobile Device Employee Receipt of Equipment*" (Attachment A).
- **4.** A review will be conducted by the appropriate administrator to determine if the employee continues to require a University-Owned device and the appropriateness of the selected service plan.

#### **B.** Personally-Owned Device:

- 1. Mobile communication devices under this category are the personal property of the employee. The employee is responsible to ensure that its mobile service provider plan supports and is compatible with the use required by the University. The employee chooses the device and/or the service plan she/he wishes to use. The University is <u>not</u> involved in the contract with the service provider or purchase of the mobile communication device.
- **2.** The University will provide the approved employee a mobile communication device reimbursement which is intended to cover the cost of the service required for University business.
  - a. The University will provide an annual reimbursement (per fiscal year, i.e. July 1<sup>st</sup> to June 30<sup>th</sup>) to the employee at the end of the academic year for the expected business-required portion of their monthly mobile communication device service fees. A copy of the invoice/receipt from the service provider will be required as part of the annual reimbursement documentation in order to certify that the reimbursement amount does not exceed the actual cost of service. If the employee's monthly mobile communication device service fees are less than the amount listed on the <u>Mobile Device Plan</u> schedule, the employee will receive a reimbursement according to the monthly mobile communication device service fees.
  - **b.** Each division is responsible for completing the mandatory form titled, <u>Authorization for Business-Related Mobile Communication Device Reimbursement</u> (Attachment B), authorizing the mobile communication device reimbursement.
  - c. The employee may request the maximum amount of the mobile communication device reimbursement which is based on the "<u>Mobile Device Plan</u>" schedule (Attachment C). Any mobile communication device reimbursement amount outsfingyn.[r)--60041(ount out)-3(sfn)-3(n)-9g)10g

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#### Attachment A

# California State University Maritime Academy University-Owned Mobile Devices Employee Receipt of Equipment

Date of Request:								
Employee Name:								
Department:								
Campus Extension:								
Service Plan Wireless/Cell Phone Number:								
Provider/Vendor:								
Device Type:								
Justification Description  Describe particular responsibilities that can only be accomplished with this mobile device.								
Terms:  1. The undersigned employee is being issued a University-owned mobile device to be used to conduct activities consistent and conducive to the business of the University. The employee and administrator understand and agree to the following:								
a. Mobile device is only for the use of the named employee.								
Employee will seek approval from her/his administrator prior to incurring overage charges.								
c. Employee is prohibited from using mobile device while operating a vehicle.								
d. Employee will safeguard the asset against loss or theft.								
e. Employee will contact his administrator if mobile device is lost, stolen, or damaged.								
f. Employee will return mobile device to administrator prior to separation from the University.								
<ol> <li>Employee has read, understands, and agrees to campus "Mobile Communication Device Policy." The employee shall make available to the University, upon University request, records of the business use necessary to comply with applicable law and regulations, including but not limited to, the California Public Records Act; however, the employee may redact any personal information from the records provided. Employees provided with data service for email will use only the campus-provided email system to conduct university academic and administrative business.</li> <li>Employee and administrator understand that failure to follow the process and procedures will result in the immediate revocation of the mobile device.</li> </ol>								
Employee Signature:								
Date:								
Approval Required by Employee's Administrator:								
Administrator Name:								
Administrator Signature:								
Date:								

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(Employe Onned Mobile Deice)

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Employee	Information	າ:				
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Address:					_	
City, State					- -	
Position/Title:					_	
Mobile Device Number:					Campus Ext.	
	on Description					
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Chartfield						
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AITIOUITE	ACCOUNT	Fullu	рерг. по	Program	Class	Project
	<u> </u>					
Employee Signature				Date		
Limployee	ongria tar e				Date	
Authorizati	on (Presiden	t or Vice F	President)			
7.01.101.1201.	(					
Administrator Signature				Date		

## Attachment C