SOUTHEASTERN LOUISIANA UNIVERSITY

EFFECTIVE DATE: February 1, 2012 (Revised 2/15/17)

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 re-certified by the employee's Unit Head and Division Vice President, and approved by the President. By January of each year, Telephone Services will submit to each Division Vice President a spreadsheet listing all employees in their Division who have a University-issued cell phone, or receive a stipend. It will be the responsibility of the Division Vice President to determine whether or not the need for a cell phone or stipend still exists for each employee in their Division. 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 Division Vice Presidents that conditions which justified issuance of a cellular telephone or payment of a stipend still exist.

DIVISION VICE PRESIDENT:

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 or payment of a stipend still exist.

DEPARTMENT HEAD:

Assures subordinates' compliance with the University Cellular Phone Policy. Certifies that conditions which justified issuance of a cellular telephone or payment of a stipend still exist.

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:				
	(Please Print Name) understand that, in accordance n Louisiana University's Policy concerning cellular phones, I will receive a monthly allowance of \$30.00 vide cellular voice service that is needed in conjunction with the performance of my job duties.			
For Cellular Data Service (if applicable):				
Iwith Southeastern Louisiana University's Policy co to be used to provide cellular data service that is			vance of \$30.00	
The amounts approved on this Certification Form	will be the onl	y reimbursement for cellular phone exp	enses I receive.	
I acknowledge that I have been informed that I m my failure to do so will subject me to disciplinary		ellular service in order to receive reimbu	ırsement, and	
Employee Signature		Date		
Employee's W Number		Budget Unit to be charged		
Department Head Signature		Date		
OSRP Signature (required if grant funds are involv	ved)	Date		
Vice President or Dean Signature		Date		
President Signature		Date		
Please forward this completed form to Telephon	e Services.			
For Office Use Only:				

SOUTHEASTERN LOUISIANA UNIVERSITY EMPLOYEE PERSONAL CELLULAR TELEPHONE LOG

Employee Name:		
Address:		
 City:		
State/Zip:		
W Number:		
For Period:	to	

DATE	TIME	Organization/Person Called or Organization/Person Calling	Reason/Purpose of Call	Length of Call
DAIL	IIIVIL	Organization/ reison calling	neason/ruipose of Call	Oi Call

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 Bil	led:	
Cellular Tele	ephone Lo	ne above listed phone calls charged to my g for the month of we want to be university.		
Employee S	ignature:			
Date:				
		alls and certify that they were necessary f and certify that all calls for which the em		
Supervisor S	Signature:			
Date:				
Approved b	y:			

OSRP Signature (required if grant funds are involved)

Date

SOUTHEASTERN LOUISIANA UNIVERSITY Cellular Phone Request Form

TO:	PRESIDENT		
FROM:			
RE:	Approval for Cellular Service		
DATE:			
I am reque	esting your approval of a (Type Brand, Model of what serv	ical	
to be used	(Name of Employee to whom the Cellular phone will be assign	· 	
(Type of Plan)			
(Service Provi	der)		
(Cost)	(Budget Unit)		
Use S	pace below for additional justification if plan is	above minimum of 450 minutes per month	
	d and agree to comply with Southeastern Louisia to disciplinary action for violation of this policy.	na University's Cellular Phone Policy. I unde	— erstand that I may
Employee	Signature	Date	_
Departme	nt Head Signature	Date	_
Vice Presi	dent/Dean Signature	Date	_
OSRP Sign	ature (required if grant funds are involved)	Date	_
	PRESIDENT SIGN	ATURE	
Approved		enied	_

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.

SOUTHEASTERN LOUISIANA UNIVERSITY EMPLOYEE CELLULAR TELEPHONE LOG

Employee Name:		
Address:		
City:		
State/Zip:		
W Number:		
For Period:	to	

DATE	TINAS	Organization/Person Called or	D /D	Length
DATE	TIME	Organization/Person Calling	Reason/Purpose of Call	of Call
	T			

Date	Time	Organization/Person Called or Organization/Person Calling	Reason/Purpose of Call	Length of Call
		Total Number o	of Calls:	
		Total Number o	of Minutes:	<u></u>
		Cost Center Bil	led:	
		e above listed phone calls charged to my were necessary for the		
Employee S	ignature:			
Date:				
		Ills and certify that they were necessary for the longer that all calls on the longer than the longer that all calls on the longer than		-
Department	t Head Sign	ature:		
Date:				
Approved b	y:			
OSRP Signat	ture (requir	red if grant funds are involved)	Date	