**Fayetteville Policy 306.1:**

**Cellular Communication Justification and Approval Form Agricultural Experiment Station**

**Fiscal Year: \_\_\_\_\_\_\_ Name and title of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant campus email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant campus mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and title of cellular communication administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administrator campus email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrator phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administrator campus mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budgetary Unit and Cost Center Number paying for service:**

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **BUNIT** | **Company Cost Center** |

**Eligibility Category (check as applicable and explain below)**

* **University Provided Cellular Service and Equipment:**

1. **\_\_\_\_\_** To provide for the protection of life, health and property
2. **\_\_\_\_\_** To provide service for employees responsible for administering critical campus infrastructure
3. **\_\_\_\_\_\_** Necessary to comply with the rules and regulations of a governing organization to which the university is a member

* **Monetary Reimbursement for Employee-owned Device:**

1. **\_\_\_\_\_** Where job duties routinely require an employee to utilize their own device, or be accessible for significant periods of time, in order to adequately accomplish their regular work tasks
2. **\_\_\_\_\_** Where job duties routinely require an employee to be away from their office for significant amounts of time for travel, field work, etc. and have a need to be accessible

**Additional eligibility justification/explanation of intended use/need and benefit to university:** (explain below or on attachment)

**Service Option**

1. **\_\_\_\_\_ University Provided Cellular Service and Equipment** – cellular service and equipment is established in the name of the university and managed through the Telephone Services office, with the bill paid by the university. When personal use incurs additional costs, a reimbursement shall be made by the employee to the university to cover the added university expense.
2. **\_\_\_\_\_ Monetary Reimbursement for Employee-owned Device (preferred service option)** – cellular service is established and paid by the user with monthly reimbursements made from a departmental cost center for a pre-approved amount to compensate for business use of an employee’s equipment and service. Reimbursement rates are authorized as follows, but may be set at lower levels at the discretion of the approving authorities:

**\_\_\_\_\_ Standard smart phone rate $\_\_\_\_\_\_\_\_\_** - specify amount to be provided per month per line of service (including data and text plans) not to exceed $50; **Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_ to Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** (not to exceed twelve months)

**\_\_\_\_\_ Heavy Data use rate** **$\_\_\_\_\_\_\_\_** – specify amount to be provided per month per line of service (including data and text plans) not to exceed $100;

**Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_ to Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** (not to exceed twelve months)

**Justification for heavy data use:** (explain below or on attachment and include recent bill or similar documentation as support)

1. **\_\_\_\_\_ Reimbursement to Employee for Incidental Use of a Personal Cellular Device** – occasional reimbursements may be made for business use of a personal cellular device on an as needed basis. Reimbursement claims are to be submitted in accordance with university regulations and supported with appropriate billing detail from the service provider.

**Cellular number for which service is being reimbursed: ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: Rates, eligibility criteria, and service options are subject to change at the discretion of the university.**

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

**Required Approvals  Approval Dates**

Employee Supervisor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Department head: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Assoc. Director F&A: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Assoc. Vice President: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return form to:**

**University of Arkansas**

**Business Affairs**

**321 Administration Building**

**Campus Mail Stop: ADMN 321**

**Fayetteville, Arkansas 72701**