

Fayetteville Policy 306.1: Cellular Communication Justification and Approval Form

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: _____
Cellular number for which service is being reimbursed: _____

Budgetary Unit and Cost Center Number paying for service: _____
BUNIT: _____ **Company Cost Center:** _____ **Category:** _____

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)
3. _____ **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.

ADDITIONAL JUSTIFICATION:

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: _____

Budgetary approval for
funding source: _____

Department head: _____

Dean: _____

Assoc. VC/VP: _____

VC/Provost/or Higher: _____

Please return form to:

**University of Arkansas
Business Affairs
321 Administration Building
Campus Mail Stop: ADMN 321
Fayetteville, Arkansas 72701**