

## Virginia Tech - Mobile Communication Device Request Form

**Employee Information:**

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

Division/ Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

**Request Type (based on a calendar year):**

New: Begin Month (Month, Year) : \_\_\_\_\_

Annual Renewal: End date (Month, Year) \_\_\_\_\_

Change of Option: Change request date\* \_\_\_\_\_

Terminate: Termination date \_\_\_\_\_

**Selection Criteria (based on a calendar year)**

**\*For change of option, please complete the following based on your NEW REQUEST**

**Required Documentation (as applicable):**

<input type="checkbox"/>	Employee has been deemed "essential personnel" and must be available outside of normal business hours or be accessible to faculty, staff, students, or external stakeholders on a continual basis
<input type="checkbox"/>	Employee is required personnel for emergency response situations
<input type="checkbox"/>	Employee is not routinely present at a fixed work station with a land line telephone and must be accessible
<input type="checkbox"/>	Employee is required to travel frequently and/or for long periods
<input type="checkbox"/>	Extensive data transmission is required for remote research activity

**Option #1**

University Owned Mobile Communication Device and Service Plan

**Option #2**

**Reimbursement for the Estimated Business Use of a Personal Device and Service Plan:**

<input type="checkbox"/>	Plan 1: Talk/Text with Limited Data - \$17/month
<input type="checkbox"/>	Plan 2: Talk/Text with Unlimited Data - \$33/month
<input type="checkbox"/>	Plan 3: Talk/Text with Unlimited Data, High Speed capabilities, Storage, & Hot Spot - \$58/month

**Required Documentation (as applicable):**

<input type="checkbox"/>	In accordance with the MCD policies and procedures, I have attached a copy of my most recent phone bill to this request.
<input type="checkbox"/>	I have attached the required documentation to justify my change of option request as determined by my department head/senior manager.

**Operating Parameters:**

- Virginia Tech's MCD allowances will be paid through Payroll as non-taxable MCD reimbursement. According to the IRS, documentation of business use is required. Therefore, please attach a copy of your most recent MCD bill to this form. **Employees and management must recertify MCD allowances using this same approval process by December 24<sup>th</sup> each year to be continued into the next calendar year.**
- The University will not purchase nor replace cell phone or data devices and/or accessories for employees receiving a MCD allowance.
- Employees receiving a MCD will be required to have their cell phones and/or data device with them, charged and operational at all times.
- Employees are prohibited from continuing to collect a monthly allowance when the device is no longer needed for the performance of their job responsibilities as determined by the department head.
- Be aware that data records that reside on a mobile communication device may be subject to the Virginia Freedom of Information Act. This includes the allowance records, bills from a service provider and other associated records. Note: Personal information stored on the device, while not typically part of a FOIA request, may be examined by Virginia Tech Information Technology and/or other university personnel during the normal course of compliance with such requests.
- It is essential to protect university data that may reside on a mobile communication device. All Employees who access university data using a mobile communication device must read and comply with the university's Information Technology Policies, particularly policies 7000, 7010, 7035, and 7200, as well as [The Standard for Storing Transmitting Personally Identifying Information](#). Upon permanent departure from the university, for any reason, employees should take action to delete any university data from their personal communication devices. Employees must also familiarize themselves with the Mobile Communication Device Best Practices located in the Allowance Calculation and Procedures.

**Employee / Certification and Signature:**

I certify that I will use the funds requested toward the business use of my personal communication device designated above, and promptly report any changes in the level of those business expenses to my supervisor. I will maintain my mobile communication device service and operation for university business. I understand that I must recertify annually to continue access to a mobile communication device or an allowance for the business use of my personal device. Upon selection of an allowance, it is not the responsibility of the university or auxiliary services (such as CNS) to provide any assistance and I must contact my service providers regarding any questions or issues about my device/plan. I further certify that I have read, understood and will comply with Virginia Tech's mobile communication device operating parameters described above. I understand that my below signature binds me to compliance with all terms of Virginia Tech's mobile communication policy including those not explicitly stated on this form.

Employee's Signature (Required) \_\_\_\_\_

\_\_\_\_\_ Date

**Senior Manager or Department Head Certification and Signature:**

I certify that the above employee has a justifiable business need for a university owned mobile communication device or an allowance for the business use of their personal device. I certify that any allowance amount does not exceed Virginia Tech's mobile communication device allowance standards listed under Option #2 above. I maintain that my department will evaluate device service plans annually to ensure that any allowance for the business use of a personal device or any university-provided device remains reasonable and that the employee continues to be in a position that requires access to a mobile communication device. I understand that my below signature binds both myself and my department to compliance with all terms of Virginia Tech's mobile communication policy including those not explicitly stated on this form.

Senior Manager/Department Head (Required) \_\_\_\_\_

\_\_\_\_\_ Date

NOTE: This form is to be maintained within your department. It is the responsibility of your department to ensure compliance with policy and procedure requirements including maintenance of this form.