Name of Policy: **Wireless communication business expenses paid through any University of Toledo funds.**

Policy Number: 3364-40-07

Approving Officer: Vice President for Finance

Responsible Agent: Controller

Scope: all University of Toledo campuses. see section (C)

- [ ] New policy proposal
- [ ] Major revision of existing policy
- [x] Minor/technical revision of existing policy
- [ ] Reaffirmation of existing policy

Revision date: May 1, 2011

Original effective date: January 1, 2008

(A) Policy statement

(1) The University only purchases wireless devices for departmentally shared phones used on a rotation basis. To qualify, devices and service agreements must be established with the Rocket Wireless program [http://rocketwireless.utoledo.edu](http://rocketwireless.utoledo.edu). Employees whose duties include frequent need for a wireless device may receive extra compensation, in the form of a monthly stipend (taxable to the employee), to cover additional business-related costs.

(2) Departments who procure a wireless device/service must:
   - (a) Certify that it is not for any one individual
   - (b) Procure all such services/equipment through Rocket Wireless
   - (c) Must use their p-card as the method of payment

Promoting fiscal responsibility is strongly encouraged and wireless devices should not be selected as an alternative to other means of communication-e.g., land-lines, pagers, and mobile radios when such alternatives would provide adequate and less costly service to the university.

(B) Purpose of policy

This policy allows the University of Toledo to meet its fiduciary responsibility to the taxpayers of the state of Ohio by providing a general guideline for the use of wireless devices for business purposes and how employees will be reimbursed to reduce cumbersome tracking and auditing expenses incurred to the institution under a “University owned device” plan.
(C) Scope
This policy applies to all UT personnel, whose manager has a business mandate, requiring the ability to be in communication, on an immediate basis and outside of normal hours.

(D) Definition
Wireless communication devices are defined as: cell phones, data card services, PDAs, BlackBerry devices, TREOs or other telecommunication devices that have voice and/or data capabilities with a monthly service. This does not apply to pagers or mobile radios.

(E) Procedures
If the manager and employee agree that university business mandates the need for a form of wireless communication, the “Employee Wireless Services Compensation Agreement” form must be completed and signed appropriately. The monthly stipend is a fixed $50.00, and is intended to offset additional business expenses.

The completed form should be sent to payroll for processing. The monthly stipend will be annualized and then divided out over 26 pay period. (for example: $50 x 12 = $600 divided by 26 = $23.08 per paycheck). The end date will always be June 30 of the existing fiscal year, until a newly approved form is submitted.

If the employee doesn’t have a sufficient, ongoing need for a wireless device these employees can submit their business related expenses on a quarterly basis, with the appropriate documentation and approval to the controller’s office for reimbursements. The amount of the reimbursement requested cannot exceed $50.00 per month.

There will be no reimbursement for any equipment under this policy. Any employee who receives a stipend will be expected to have their number available to be published or distributed for business purposes.

(F) Additional information:
1. Any early termination fees with any carriers are the employee’s responsibility and invoices for service should in no way be established in the University name.
2. Stipend allowance form must be reviewed and re-approved annually (fiscal year).
3. The device can be used for both personal and business purposes; therefore, it should be understood that the stipend should cover a majority of the business expenses.
4. Employees are expected to follow existing policies as they relate to personal cellular communication (i.e., restrictions on location of use). Policy # 3364-100-60-11.
5. This allowance does not constitute an increase to base pay, and will not be included in the calculation of percentage increases to base pay due to annual raises, job upgrades, etc.

(G) Enforcement
The failure of a university employee to perform any obligation required of this policy or applicable local, state, and federal laws or regulations will be subject to established university disciplinary actions, which may include restitution, termination, and/or prosecution by state or federal authorities.
(H) Exceptions

(1) Requests for exceptions to this policy must be submitted to the controller’s office:
   a) Each request for exception will be handled on a case-by-case basis
   b) Each exception approval will be documented by the controller’s office
   c) Each exception must be approved by the senior vice president for finance and administration

(I) Related form
The following form is specific to this policy:
Employee Wireless Services Compensation Agreement

<table>
<thead>
<tr>
<th>Approved by:</th>
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<tbody>
<tr>
<td>/s/ David O. Dabney</td>
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<tr>
<td>Vice President for Finance</td>
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<table>
<thead>
<tr>
<th>Policies Superseded by This Policy:</th>
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<tbody>
<tr>
<td>• Previous 3364-40-07 Wireless communication business expenses paid through any University of Toledo funds, effective date 1/1/2008</td>
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<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>June 14, 2011</td>
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<table>
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<tr>
<th>Review/Revision Completed by:</th>
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<tr>
<td>Vice President for Finance, Controller</td>
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<th>Initial effective date: January 1, 2008</th>
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<tr>
<td>Review/Revision Date: May 1, 2011</td>
</tr>
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<td>Next review date: May 1, 2013</td>
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Employee Wireless Services Compensation Agreement  
The University of Toledo  
This is your compensation agreement and contains important information please keep a copy for your records. 

**SUBSCRIBER PERSONAL INFORMATION**  
Please print clearly  

<table>
<thead>
<tr>
<th>Employee ID Number</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Job Title</th>
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Please make certain that your employee ID is correct so that you’re compensation date is not delayed. 

**DEPARTMENT BILLING INFORMATION**  
This is department that will be charged for the cellular compensation. 

<table>
<thead>
<tr>
<th>Department Number</th>
<th>Department Name</th>
<th>Manger/Supervisor Name</th>
<th>Work Tel #</th>
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It is the employee’s responsibility to schedule an annual review of the supplemental compensation amount. The completed renewal form must be approved and submitted to Payroll no later then 30 days prior to the expiration of this yearly agreement. Late submissions will result in lost supplemental compensation amounts. 

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<tr>
<th>Cell Phone Number</th>
<th>Payroll Activation Date</th>
<th>End of Contract</th>
<th>Renewal Deadline Date</th>
<th>Monthly Compensation Amount</th>
<th>Today’s Date</th>
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If the employee does not have sufficient, ongoing need for a wireless device, these employees can submit their business related expenses on a quarterly basis, with the appropriate documentation and approval to the controller’s office for reimbursement. Please remember that the total monthly stipend amount is $50.00. 

Signature ___________________________ Date ______________

Supervisory Certification and Signature: 
I certify that the requested compensation is needed for this employee, to cover work-related expenditures due to cell phone use for voice and/or data service. I further certify that I have read, understood and intend to comply with University Wireless communication business expense policy. 

Signature – Supervisor __________________ Date ______________

Authorized Approval: 

Signature __________________ Date ______________

Employee Certification and Signature: 
I certify that I will use the funds requested toward the business use designated above, and promptly report any changes in the level of those business expenses to my supervision. I further certify that I have read, understood and intend to comply with University Wireless communication business expense policy. 

Signature – Employee __________________ Date ______________