

FLORIDA	OFFICIAL
POLYTECHNIC	UNIVERSITY
UNIVERSITY	POLICY

Subject/Title: Cell Phone Allowance
FPU Policy Number: FPU-6.0005P
<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Major Revision of Policy <input type="checkbox"/> Minor Technical Revision of Policy
Date First Adopted: July 1, 2013
Date Revised:
Responsible Division/Department: Budget & Finance
Initiating Authority: Chief Operating Officer

A. APPLICABILITY/ACCOUNTABILITY:

This policy applies to all employees receiving allowances for cell phone and associated services and their departments.

B. POLICY STATEMENT:

1. Vice-Presidents or their designees are responsible for determining which employees are required to maintain and carry a personal communication device ("cell phone") to perform their University duties and qualify for a cell phone and/or associated services allowance ("cell phone allowance") to cover the acquisition and monthly service charge for the cell phone.

The following criteria are used to determine whether an employee may be provided a cell phone allowance or an internet device allowance:

- (a) The employee's job function requires the employee to spend considerable time outside of the employee's assigned office or work area, and it is essential to the University that the employee be accessible during those times.
- (b) The employee's job function requires continuous accessibility beyond scheduled or normal working hours (i.e. the employee has on-call responsibilities for critical university services).
- (c) The employee's job function requires that the employee have access to email outside of the office or beyond normal scheduled working hours and it is essential to the University that the employee has the ability to receive and send email during those times.

2. The employee receiving the cell phone allowance is provided with the rate of either \$25.00 each two week pay period to cover Cell Phone service only, \$25.00 each two week pay period to cover Data service only, or \$45.00 each two week pay period to cover Cell Phone with Data service, as appropriate for the employee's position. In addition, an employee may receive an allowance of \$7.50 each two week pay period to cover the use of an internet device. An employee may receive no more than one cell phone allowance and one internet device allowance. The allowance is grossed up and paid on each two week pay period. There will be no other amounts allowed. The Department head may elect to modify or eliminate the cell phone allowance or internet device allowance at any time.

3. The University treats cell phone and associated data services as an employee allowance and not as a business expense. All allowances will be processed by Human Resources and Payroll and are taxable to the employee. The amounts to be received are not a reimbursement of expenses, nor are they a per diem that would be automatically established at the maximum amount.

4. Funds for a Sponsored Project may not be used as a source to pay for a cell phone allowance unless such use is specifically authorized in the award document for the Sponsored Project.

5. The departments must periodically assess each employee's need to continue using a cell phone and/or associated services for business purposes. During annual budget planning, Departments must evaluate the department's ability to continue to provide a monthly cell phone allowance to employees in the context of its overall budget.

6. The employee receiving the allowance is responsible for acquiring and maintaining the mobile cell phone device/equipment and/or plans. The University is not responsible for the purchase of or maintenance of the cell phone devices/equipment, or the voice and/or data plans or charges related to such.

7. The Cell Phone Allowance Request form will be used by the department to request and get approval of the allowance for each employee and to provide notice to Human Resources and Payroll

POLICY APPROVAL	
Policy No.: <u>FPA 6.0005P</u>	
 Initiating Authority	<u>6/28/2013</u> Date
 Policies & Procedures Review Committee Chair	<u>6-28-13</u> Date
 President/Designee	<u>7-1-13</u> Date
Date approved by BOT, if required:	<u>N/A</u>

Cell Phone Allowance Request Form

PART I: To be Completed by Department

SECTION 1: Employee Information

Employee Full Name:	Univ. ID:
Department Name:	Current Cell Phone #:
FPU Email Address:	Office Phone #:

SECTION 2: Allowance Request (check all that apply)

Bi-weekly Allowance

<input type="checkbox"/> Cell phone service	\$25	<input type="checkbox"/> Combined cell phone/data service	\$45
<input type="checkbox"/> Data only service	\$25	<input type="checkbox"/> Internet Device	\$7.50

Total bi-weekly allowance requested: \$ _____

SECTION 3: Justification (check all that apply and *attach employee's job description*)

The employee's job function requires the employee to spend considerable time outside the employee's assigned office or work area, and it is essential to the University that the employee is accessible during those times.

The employee's job function requires continuous accessibility beyond scheduled or normal working hours (i.e. the employee has on-call responsibilities for critical university services)

The employee's job function requires that the employee have access to email outside of the office or beyond normal scheduled working hours and it is essential to the University that the employee has the ability to receive and send email during those times.

SECTION 4: Department Supervisor Approval

I approve the bi-weekly allowance in the amount of \$ _____ to be paid out of the funding source _____.

Department Supervisor's Signature _____
Date

PART II: Employee Agreement

I hereby certify that I have read, understand, and agree to the University's Cell Phone Allowance Policy. I understand that the allowance may be terminated at any time.

Employee's Signature _____
Date

PART III: Office of Sponsored Research Admin (OSRA)* *If research contract or grant funds are being used to pay any or all of the allowance

Name:	Title:
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Approved bi-weekly allowance: \$ _____

OSRA Authorized Representative's Signature _____
Date

PART IV: VP/President Approval

Name:	Title:
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Approved bi-weekly allowance: \$ _____

VP or President's Signature _____
Date

PART V: Executive Director of Budget & Finance Approval

Name:	Title:
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I hereby authorize FPU Payroll to pay the approved amounts to the employee.

Executive Director of Budget & Finance's Signature _____
Date

PART VI: HR/Payroll

Send to HR with a copy to Payroll and Department (*Effective date will be the first full pay period after HR/Payroll receives this completed form*)