



Nebraska State College System (NSCS) Cellular Services Acknowledgement and Agreement

Purpose

This form is to be used to request, change or cancel State cellular services (voice, text, data and mobile hotspot data) provided through Wayne State College (WSC) or request, change or cancel the cellular services stipend provided for business use of a personal cell phone. Mobile device selection for State provided equipment is not covered by this form as the selection of devices changes frequently. Device selection for State provided equipment will be handled in consultation with WSC's cellular services coordinator upon receipt of this completed form and with the approval of the budget supervisor, if device costs will be incurred.

WSC Policies

- Transitions from State issued cellular services to reimbursed personal cellular services will only be allowed when cancellation of the State issued services contract does not incur a cancellation penalty or double billing for the State.
- Work use of personal cellular phones without reimbursement cannot be required for an employee.
- Voluntary work use of personal cellular phones does not create an obligation on the part of
 the institution to either provide a State issued phone or reimburse employees for cellular
 phone use.
- Final decisions regarding additions or changes in service rest with the President's staff administrator through which the employee reports.
- Rationale must be provided for data, text messaging and/or hotspot plans. Rationale must be tied to organization role and mission.
- Cellular devices are considered to be technology for the purposes of policy compliance and, as such, use is governed by the appropriate WSC policies regarding technology use.

External Policy References

- NSCS Board Policy 7026
- NSCS Cellular Services Procedures
- WSC Ethical and Responsible Use of Technology Policy

Name:	Job Title:
SAP ID:	Department Name:
Budget Code:	
1. Current WSC Cellular Provided Services:	st.

C	urrent Phone Service Provided	Includes			
	by College	Data Plan	Text Messages	Mobile Hotspot	Phone #
	State Owned				
	Cellular Services Stipend				

2. Service/Change Requested (complete all relevant sections):

Cancel Service Services to Be Canceled	Data Plan	Text Messages	Mobile Hotspot
State Owned			
Cellular Services Stipend			
Commiss Addition /Change			
Service Addition/Change New Services Requested Or		1	
	Data Plan	Text Messages	Mobile Hotspot
New Services Requested Or	Data Plan	Text Messages	Mobile Hotspot

3. Supporting Rationale

To be completed by supervisor. Check all that apply. Required if data or text is requested.

☐ The job function of the employee requires considerable time outside of his/her assigned office or
work area and it is important to the NSCS that he/she is accessible during those times.
☐ The job function of the employee requires him/her to have wireless data and internet access.
☐ The job function of the employee requires him/her to be accessible outside of scheduled or
normal working hours.
☐ The employee often travels with others needing data/internet access and/or has multiple
devices which require data/internet access (i.e. laptop and tablet).
☐ The employee plays a key/critical role in problem solving and decision making.
☐ The employee is designated as an emergency responder.

4. Cellular Services Stipend Plan Acknowledgement and Agreement (if applicable):

In accordance with the NSCS Cellular Services Stipend Plan, I acknowledge and certify that WSC is providing me supplemental compensation that will be used for cellular service usage for business purposes. Both WSC and I agree to the following provisions:

- 1) I will acquire and maintain cellular telephone equipment and/or data services that, at a minimum, will incorporate the number of minutes used for business calls.
- 2) I will be accountable for all charges related to my cell phone and/or data services, including maintenance, roaming, taxes, fees, or additional charges.
- 3) I agree that, if my employment with WSC ends, the stipend will be terminated.
- 4) I agree that, if I transfer to a different position my eligibility for the stipend will be reevaluated.
- 5) I agree that should my business usage significantly decrease for a sustained period, I will notify my supervisor as soon as practicable and the stipend may be terminated.
- 6) If I am unable to purchase, maintain, carry and use a cellular device and/or services for Wayne State College business use (e.g. due to financial hardship), I am required to notify my supervisor and the supplemental compensation will end immediately. I also acknowledge that a delay in the notification on my part may result in a corrective payroll action to recover employer costs.

I acknowledge the supplemental compensation is based on and calculated to cover WSC **business usage only.** It will be paid with my regular salary, is subject to withholding for payroll taxes, and will be included on my W-2 form as taxable income. I further acknowledge that I have read and agree to the Cellular Services Policy and that WSC is not responsible for the tax consequences of the stipend or the business use of my personal cellular device.

My supervisor has verified my eligibility and acknowledges that I have a business need for a cellular telephone and/or data service to perform my job responsibilities. Consequently, my stipend will be as follows:

Approved Stipend Amounts (as	of June 15, 2012)		
Phone Data Package	\$25.00 per month \$25.00 per month		No No
Employee's Wireless Phone N	lumber		Effective Date/
The following is a description named employee has current		one equipr	nent and/or data services the above
Make/model of cell ph Current service plan or	one n cell phone		
Print Employee Name	Employee Si	gnature	 Date
Supervisor's Signature	 Date	_	
Budget Supervisor's Signatur	e Date	_	
VP/President's Staff Signatur	e Date	_	
Office Use Only:			
If WSC is providing a cellular It has been confirmed to phone. Yes No	that the employee doe	es not have	a WSC or System Office owned cell
Attached most recent co and phone was capable Yes No	of receiving services ap		other means to ensure a plan was in place ove.

The last individual to sign the form will need to submit the completed form to Amanda Rusch via campus mail or email. A copy of the form, along with instructions on how to proceed, will then be sent to all of the supervisors involved in the request and the individual requesting the service/change. If this is a request for a cellular phone stipend, a copy of this form will also be sent to payroll