1.0 Policy/Purpose:

In order to fulfill job expectations and requirements, employees may need to use their personally-owned mobile communication devices such as cell phones or smart phones for business-related purposes. MSU policy permits reimbursement to the employee for that portion of their mobile communications plan (phone and data) that approximates the business usage of the device/plan.1 This policy defines CHM’s requirements, criteria, expectations and procedures for reimbursement.

1.1 In lieu of tracking detailed usage records, the college has a defined reimbursement amount of $240 every 6 months. In all cases, the supervisor or unit administrator is responsible to determine business need and to review the need at least annually. Reimbursement may be authorized if one of the following criteria is met:

a. The job function during normal working hours requires considerable time outside the assigned office or work area and it is important to the College of Human Medicine that the employee is accessible during that time.

b. The job function of the employee requires them to be accessible outside of scheduled or normal working hours.2

1.2 Reimbursement payments will be made in January and July. Exceptions will be granted for employees who terminate the college at other times of the year.

1.3 Employees who utilize mobile communication devices to access university networks (eg, retrieve/send email) must agree to the MSU Acceptable Use Policy, the MSU HealthTeam Acceptable Use policy, and the MSU Institutional Data Policy. This includes the requirement that the device is password-protected.

2.0 Definitions:

2.1 Mobile communications: includes cell phones (including non-contractual prepaid phones), smartphones, I-Pad’s, PDA’s, Blackberry devices, push to talk phones, mobile broadband devices, and other wireless handheld/mobile devices which require a service contract for operation.
2.2 Mixed-use: regularly used for both personal and business purposes

3.0 Procedures:

3.1 Employee: Obtain agreement from immediate supervisor or unit administrator acknowledging the need for business use of a personally owned device in accordance with criteria above.

3.2 Employee: In January and/or July, complete the CHM Mixed-Use Mobile Communications Reimbursement Agreement form.
   a. Read the agreement thoroughly. Note that signing the form to request reimbursement includes attestation of business need/use, understanding and agreement with this policy, the university’s policy as stated in the Manual of Business Procedures Section 79, and the MSU Institutional Data Policy.
   b. Submit the completed and signed form to the supervisor or unit administrator.

3.3 Supervisor/Unit Administrator:
   a. Sign the form verifying the employee’s business need for mixed-use mobile communication device and authorizing reimbursement for partial plan payment.
   c. Retain a copy of the form in the employee’s departmental personnel file. For employees of Dean’s Office units, send the form to the college HR Office, A108 E. Fee.

3.4 Employee or Supervisor or Designee: complete an Additional Payment Form (for faculty) or Special Payment Authorization Form (staff) for payment in January and/or July using the reimbursement table below. Send to CHM Business Office for approval and payroll routing. Note: Payments are a reimbursement for the expense incurred by the employee. Example: If an employee begins employment in CHM in July and is authorized for a mobile communications allowance, the first reimbursement payment will be made in January covering the expenses incurred during the previous July-December.

4.0 Revision History

<table>
<thead>
<tr>
<th>Revision #</th>
<th>Effective Date</th>
<th>Reviser</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.0</td>
<td>9/01/07</td>
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<td>Original</td>
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<tr>
<td>1.1</td>
<td>1/27/11</td>
<td>CHM Business Office</td>
<td>Change to be compliant with MSU reimbursement (not prospective) payment policy; new reimbursement schedule; modified form</td>
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<tr>
<td>1.2</td>
<td>7/01/14</td>
<td>CHM Business Office</td>
<td>Change from 3-level reimbursement schedule to a single amount</td>
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References:

2. The Fair Labor Standards Act (http://www.dol.gov/compliance/laws/comp-flsa.htm) requires that hourly or non-exempt professional employees (level 11 and below) be paid overtime for calls/work (including reading and responding to work-related emails) outside of their normal working hours. For this reason, CHM does not authorize reimbursement for mixed-use communication for staff employees level 11 and below.
In order to fulfill job expectations and requirements, employees may need to use their personally-owned mobile communication devices (including cell phones, smartphones, mobile email/web devices, and other wireless/handheld devices which require a service contract for operation) for business-related mobile communication. Therefore, the employee is eligible for reimbursement allowance for the business-related expenses of their mobile communications plan. In order to request this reimbursement, at least one of the following eligibility criteria must be met. (CIRCLE ONE OR BOTH):

1) The job function of the employee (during the employee's normal working hours) requires considerable time outside of the assigned office or work area, and it is important to the college/department that the employee is accessible during this time.

2) The job function of the employee requires them to be accessible outside of scheduled or normal working hours (while at home, out of town, etc.).

Per the Mobile Communications Reimbursement policy, the employee will be reimbursed the biannual amount of $240.

Important Conditions and Notes:

- Mobile communications reimbursements are subject to all applicable taxes.
- All service contracts must be between the employee and the service provider. As such, if prior to the end of a service contract, the employee for any reason needs to change or end the service contract, the employee will bear the cost of any associated contract change or termination fees.
- Employees receiving an allowance are required to provide their supervisor with their mobile phone number for business use.
- The employee's supervisor is responsible for determining eligibility and for reviewing continuing eligibility at least annually. The supervisor must sign and retain a copy of this form in the employee's personnel files as evidence of that review. A copy of this completed form must at all times be kept on file in the employee's department.
- The use of a cell phone can negatively impact the ability of a driver to safely operate a motor vehicle. Research studies show it is a distraction and can impair the level of concentration needed to drive. For the safety of the driver, vehicle occupants, pedestrians and other drivers, the college discourages cell phone use while driving. Some local jurisdictions may prohibit cell phone use while driving. In addition, Michigan
drivers are prohibited from texting or reading text messages while operating a moving motor vehicle - Michigan’s anti-texting law (sec. 257.602.b).

- If the mobile communication device is used to access any university network, e.g., to send/receive email, the employee must adhere to the MSU Acceptable Use policy, the MSU HealthTeam Acceptable Use policy, and the MSU Institutional Data Policy. This includes the requirement that the device is password-protected.

I have read this Agreement and the Manual of Business Procedures Section 79 and I understand that my mobile communications reimbursement allowance is taxable income, is not part of my base salary, and that any mobile communications equipment and service contract purchased is my personal responsibility. I also understand that I am required to provide my mobile phone number to my supervisor for business use. I agree that I will adhere to the Michigan State University and MSU HealthTeam Acceptable Use policies and the MSU Institutional Data policy while accessing MSU IT resources from my mobile device. I understand that the mobile communication device will be used at least in-part in the performance of my MSU job responsibilities as defined by my supervisor.

Employee Signature: ________________________________ Date: ____________

Approved:

Supervisor/Unit Administrator Signature: ________________ Date: ____________

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