



# City of Topeka Policy

## Portable Communication Device

### Exhibit I

### Request for Portable Communication Device Form *Signed Copy to be given to the Administrator*

Please **issue** a PORTABLE COMMUNICATION DEVICE to:

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

Employee Position/Title: \_\_\_\_\_

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

1. This employee has signed the *Employee Agreement for Use of a Portable Communication Device Form*, a signed copy of which is attached to this request.

Yes       No      **Note:** No device can be issued without this signed copy.

2. This employee has been given a copy of and counseled on the City's Portable Communication Device Policy.

Yes       No      **Note:** No device can be issued if answer is "No."

3. Departmental reasons why this employee **needs** a portable communication device (cellular phone):

\_\_\_\_\_  
\_\_\_\_\_

Is the employee to be authorized to make long-distance calls from the device?      Y\_\_\_ N\_\_\_

Does employee have ready access to a landline during normal work hours?      Y\_\_\_ N\_\_\_

Does the Department need to contact the employee during non-work hours?      Y\_\_\_ N\_\_\_

Is the employee a key person, who must be reachable in an emergency?      Y\_\_\_ N\_\_\_

Does the employee's position require regular, frequent travel?      Y\_\_\_ N\_\_\_

Is the employee on call as part of normal work responsibilities?      Y\_\_\_ N\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_ ADMINISTRATOR-assigned phone # \_\_\_\_\_

#### For Administrator Use When Phone Is Returned

Date Returned: \_\_\_\_\_ Condition of Equipment: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_



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### Exhibit II

#### Employee Agreement for Use of a Portable Communication Device (Cellular Phone) Form

This Agreement, by and between the City of Topeka, Kansas ("City") and the undersigned City employee ("Employee"), represents the entire understanding of the parties. By signature hereunder, the Employee agrees to the following:

- A. The Employee has been counseled about and given a copy of the *City of Topeka, Kansas Policy and Procedure Concerning Communication Devices* which is incorporated herein by reference; the Employee agrees to comply with the terms of the Portable Communication Device Policy and Procedure.
- B. In exchange for use of a city-owned or leased portable communication device ("Cell Phone") in connection with the Employee's City related work responsibilities, the City employee understands that **No Personal Use** is allowed on the device. If a pattern of personal use is discovered through an audit done by Financial Services or designated parties there may be a progressive discipline procedure followed. The audit will look for patterns of abuse and not single incidents of calls of short duration. Example would be if a non-business phone number keeps appearing on a regular basis. Also the employee will reimburse the City for personal use time by 10 times the current minute charge. The exception would be if the employee states it was a wrong number and it does not occur again.
- C. The Employee hereby acknowledges receipt of a portable communication device, brand name \_\_\_\_\_, Model # \_\_\_\_\_, Serial # \_\_\_\_\_, which shall be for Business Use, as defined in the Portable Communication Device Policy, and which shall be returned to the City, in good condition, reasonable wear and tear excepted, upon the Employee's separation from service, whether voluntary or involuntary. The employee will be provided with the standard device provided under the service contract the City has. If the employee desires a different device he/she understands he/she must get additional approval by the department director otherwise the cost will be billed to the employee.
- D. In the event that costs of Personal Use by the Employee have not been reimbursed to the City or if the device has not been returned upon the Employee's separation from service, whether voluntary or involuntary, the Employee hereby authorizes the City to withhold from the Employee's final pay the amount of the unpaid reimbursement and the device cost.

This Agreement is hereby executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Signed**

**Employee:** \_\_\_\_\_

**Supervisor/Other City Representative:** \_\_\_\_\_



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### *Exhibit III*

### *Request for Cellular Phone Accessories Form*

The undersigned Employee has requested the following accessories for the City-provided Cellular Phones issued to him/her (please circle all that apply):

Leather case

Belt clip

Car adapter

Battery charger

Hands-free device

Other (specify) \_\_\_\_\_

Note: The employee will be issued the standard accessories that come with the service package provided by the City. If the employee requests a different accessory, the department director must acknowledge and agree to the additional cost(s), otherwise the cost(s) will be billed to the employee. All accessories must be requested through Financial Services. If they are unable to obtain the requested item, the employee may obtain the item and get reimbursed by the department through established procedures.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee signature

Approved by: \_\_\_\_\_  
Department/Division Director signature

On \_\_\_\_\_, the accessories indicated above were delivered to the above named  
Date

Employee, for use with Cellular Phone #: \_\_\_\_\_.

Signed: \_\_\_\_\_, Cellular Phone Administrator

<b>For Administrator Use When Accessories Are Returned</b>	
<b>Date Returned:</b> _____	<b>Condition of Accessories:</b> _____
<b>Administrator Signature:</b> _____	
<b>Employee Signature:</b> _____	



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### Exhibit IV

### *Request for Cellular Allowance Authorization Form Signed Copy to be given to the Administrator*

Please **establish** an **allowance** for a PORTABLE COMMUNICATION DEVICE (cellular phone):

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

Employee Position/Title: \_\_\_\_\_

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

#### Allowance Tiers

**Minimum Usage** - \$15 per month for usage of up to 50 minutes per month

**Basic Usage** - \$30 per month for usage of 51 to 250 minutes per month

**High Usage** - \$45 per month for usage of 251 to 1,000 minutes per month

**Extensive Usage** - \$60 per month for usage over 1,000 minutes per month

See policy for special approval and process for qualifying for higher allowances.

I understand that I will be responsible for obtaining and paying for a cellular phone plan.

I acknowledge that I am responsible for the entire cost of the service which includes, but is not limited to, monthly fees or costs for repair, replacement, activating, accessories and termination.

I understand that I must have an active cellular phone at all times while receiving the allowance.

I understand that the allowance is taxable.

\_\_\_\_\_  
**Employee Signature**

Supervisor Name/Title: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_

Department agrees to  Min Usage  Basic Usage  High Usage  Extensive Usage

Date: \_\_\_\_\_

#### Financial Service Use Only:

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

Verification by: \_\_\_\_\_

One Time Payment Amt: \_\_\_\_\_

Monthly Amt: \_\_\_\_\_

Payroll Start Date: \_\_\_\_\_

Payroll Entry Verified by: \_\_\_\_\_



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## REQUEST FOR CELLULAR MAINTENANCE REPAIR/REPLACEMENT FORM

CELLULAR #: \_\_\_\_\_

USER NAME/DEPT: \_\_\_\_\_

FULL DESCRIPTION OF PROBLEM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTION REQUESTED:

\_\_\_\_\_

REPLACEMENT APPROVAL IF NEEDED: YES NO (PLEASE CIRCLE)

DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_

Note: If unit has sustained water damage or is over a year old. Vendor will not warranty exchange. A replacement phone will need to be approved.

\*\*\*\*\*To be filled out by Finance\*\*\*\*\*

DATE OF RECEIVED REQUEST: \_\_\_\_\_

ACTION TAKEN:

\_\_\_\_\_

The Employee hereby acknowledges receipt of a Cell Phone,  
Brand name \_\_\_\_\_, Model # \_\_\_\_\_,  
Serial # \_\_\_\_\_, which shall be for  
Business Use, as defined in the Cell Phone Policy, and which shall be returned to  
the City, in good condition, reasonable wear and tear excepted, upon the Employee's  
separation from service, whether voluntary or involuntary.

Signed employee: \_\_\_\_\_