I. PURPOSE

The purpose of this policy is to establish standard procedures within the Department for the authorization and use of cell phones and portable telecommunication devices and to assure that Department practices are consistent with the Department of Technology and Information (DTI) Acceptable Use and Cellular Telephone/Portable Device policies.

Cellular telephones/portable devices are provided to improve customer service and to enhance efficiencies. These devices are not a personal benefit and are only provided to those employees who have a bona fide business need as determined and authorized by their Division Director or designee. Possessing a cellular telephone/portable device is a privilege and all employees are expected to use and safeguard it responsibly.

Employees required to carry a cellular telephone/portable device are also required to charge it, carry it and answer it reliably and consistently. Employees must adhere to all federal, state and local rules and regulations regarding the use of cellular telephones while driving. Statewide restrictions require drivers to use a hands-free device while driving and using a cell phone. In addition, text messaging, sending or reading emails, the use of pagers, portable computing devices, blackberry devices, laptops and other two-way communication devices while driving is prohibited. DSCYF will not accept responsibility for penalties assessed as the result of violating the law.

It is the policy of the Department to minimize the number of state-owned or state-reimbursed cell phones and portable telecommunication devices. In an effort to improve efficiency and save the State money, the Department provides those employees who are authorized to have a state-issued cell phone/portable telecommunication device with an option to combine personal and professional devices (such as traditional cell phones, Blackberries, iPhones, etc.). The option to combine devices is only provided to employees where there will be a cost savings to the State.

II. PROCEDURES

a. The following procedures apply for an employee who has been authorized to have a state-issued cell phone due to a bona fide business need and who would like to combine their personal and professional devices:
i. Employees who are authorized to have a state-issued phone with voice plan only will be reimbursed at the rate of $10.00 per month. Employees who are authorized to have a state-issued phone with voice and data plan will be reimbursed at the rate of $40.00 per month.

ii. Payments to employees are subject to Department Policy 414, Overpayment Policy and Procedures.

iii. Employees who would like to combine devices must complete the Department's Wireless Communication Reimbursement Agreement (Attachment A), and receive all approvals prior to eligibility of reimbursement.

iv. Employees must initiate a request for reimbursement by completing a Personal Reimbursement Form, available from the Fiscal Office, on a quarterly basis and upon the end of employment. The request for reimbursement must include detailed copies of the billing statement from the cellular service provider.

v. The purchase of the actual equipment is not eligible for reimbursement.

vi. Changes of the telephone number or equipment must be immediately reported to the employee's direct supervisor and the unit manager.

vii. The employee is responsible for all fees to change contracts, cancel service, upgrade equipment, etc.

viii. Users must agree to comply with DTI security requirements for personal devices connecting to the State network. These requirements can be found on the DTI website: [http://dti.delaware.gov](http://dti.delaware.gov) clicking on the “Standards” section under “Information” and scrolling down to the “Portable Wireless Network Access Device Policy”.

b. The following procedures apply for an employee who has been authorized to have a state-issued cell phone due to a bona fide business need and who would like to carry a state-owned device:

i. The use of state-owned property is restricted to the official business of the Department. The Department understands there may be times when personal calls are necessary on state-owned cellular telephones; however, those instances must be limited to infrequent, incidental or emergency use only. Outside the above instances, any use of the state-owned equipment for personal use, must be reimbursed by the employee when the billing statement is received.
**ii.** All information contained within a state provided cellular telephone/portable device shall become the property of the Department.

**iii.** Misuse of state-owned equipment may result in revocation of equipment and possible disciplinary action.

**iv.** In the event of loss or damage to the state-owned equipment, the employee will, in most cases, be held personally responsible for replacement or repair if the Department deems that reasonable care to protect and safeguard the equipment was not exercised.

**v.** State owned portable devices ordered after June 1, 2012, are equipped with Mobile Device Management (MDM), software that can secure, monitor, manage and support mobile devices.

**vi.** Every effort should be made to limit the use of cellular telephones/portable devices to necessary calls when the use of a landline is not reasonably available.

**vii.** Employees must complete the DSCYF Acknowledgement Statement (Attachment B).
State of Delaware
Department of Services for Children, Youth and Their Families
Division of Management Support Services

WIRELESS COMMUNICATION REIMBURSMENT AGREEMENT

Employee Name: __________________________ Title: __________________________

As a condition of using my personal wireless communication device to conduct Department business, I understand and agree to the following:

1. I agree to comply with DTI security requirements for personal devices connecting to the State network. The specific requirements can be found at the following link: http://dti.delaware.gov/pdfs/pp/PortableWirelessNetworkAccessDevicePolicy.pdf

2. I understand and agree that I am responsible for the appropriate use and safeguarding of the device. In the event of loss or damage to the device, I am personally responsible for the cost of replacement or repair and for notifying my supervisor and DTI so they may take appropriate steps to safeguard the data upon it.

3. I agree to maintain an active device as long as this reimbursement agreement is in place. The device may be used for both business and personal purposes. Extra services or equipment may be added but at my personal expense.

4. I have read and understand the Department’s Cellular Telephone/Portable Device Policy and agree to the terms and conditions outlined in the policy.

Dollar Amount of Reimbursement Requested

Check the type of reimbursement

☐ Voice Only - $10 per month
☐ Voice/Data - $40 per month

Reimbursements will be made quarterly upon presentation of a completed Personal Reimbursement Form along with copies of the monthly device bill.

I certify that the following cellular telephone information is correct:

Wireless Device User Name: __________________________
Wireless Device Telephone Number: __________________________
Type of Device and Serial Number: __________________________

_________________________ / ________________
Employee Signature Date

_________________________ / ________________
Supervisor Signature Date

_________________________ / ________________
Facility Head/Regional Admin Signature Date

_________________________ / ________________
Division Director Signature Date
ATTACHMENT B

State of Delaware
Department of Services for Children, Youth and Their Families
Division of Management Support Services

ACKNOWLEDGMENT STATEMENT

Employee Name: ___________________________ Title: ___________________________

The following outlines appropriate use and care of State owned portable devices, such as tablets, lap top computers, phones, etc., (herein referred to as “equipment”).

1) Employee is responsible and accountable for reading, understanding and complying with the DTI Acceptable Use Policy.
2) Equipment issued by the Department is the property of the Department of Services for Children, Youth and Their Families (DSCYF) and shall be surrendered at the time of termination of employment or change of position/function.
3) Equipment is to be used for business purposes only.
4) Only DSCYF employees are authorized to access the equipment. Employees may not, under any circumstances, allow any unauthorized personnel (including family members or friends) to use the equipment.
5) Employees have a responsibility to safeguard the equipment and are responsible for the care and security of the equipment. Employees are to use due care to preserve data integrity and confidentiality. Personal, confidential or sensitive information shall not be left unattended.
6) Lost or stolen equipment must be immediately reported to your supervisor and/or manager. Employees may be financially liable for the property if stolen, damaged, lost or destroyed as a result of negligence, improper use or other willful actions. If you are found liable, these monies will be withheld from your pay as authorized by your signature below.
7) Downloading of Applications (Apps) onto the equipment is prohibited without permission from the Department’s Information Resource Manager (IRM). Employees wishing to download a work related App must request permission in writing to the IRM with approvals of appropriate Divisional hierarchy. Approved requests will be posted on the S-drive.
8) Use of the equipment outside of normal work hours does not constitute overtime unless prior authorization to work overtime has been received from supervisor/manager in accordance with DSCYF Policy 312, Managing Overtime.
9) DSCYF retains ownership and control of its equipment and is responsible for maintaining, providing support for and repairing the equipment. Employees to whom equipment has been assigned will be required to bring said equipment to the DSCYF Service Desk for routine maintenance, system updates and inspection.
10) This equipment may be confiscated by DSCYF at any time, without advance notice, and is subject to inspection and possible forensic analysis.
11) Users of DSCYF telecommunication devices acknowledge no expectation of privacy in the use or carrying of the device(s).

This is to certify that I have read and agree to abide by the guidelines set forth above and within the DTI Acceptable Use Policy.

Employee Signature ___________________________ Date ______________

Supervisor Signature ___________________________ Date ______________

Facility Head/Regional Admin Signature ___________________________ Date ______________

Division Director Signature ___________________________ Date ______________