

DIVISION OF ADMINISTRATION

Cellular Phone/Mobile Device Policy Acknowledgement and Certification Form

I, _____ **(Print Name)** understand that in accordance with DOA Policy No. 18 regarding cellular phones, I will receive an allowance of \$_____ to be used to provide cellular phone and/or mobile device service that is needed in conjunction with the performance of my job duties. The allowance will be reported as income on my W-2 for tax purposes. This will be the only reimbursement for cellular phone and/or mobile device expenses I receive. I further understand that I may, on occasion, be required to provide a copy of my cellular/mobile device bill to my supervisor, appointing authority or internal auditor for review and to verify that a substantial amount of the usage of the cellular phone/mobile device has been business related; therefore, a detailed billing receipt may be required.

I acknowledge that I have been told that I must maintain cellular/mobile device service in order to receive reimbursement, and my failure to do so may subject me to disciplinary action.

I also acknowledge that I have read and must comply with the guidelines established in DOA Policy No. 23, *Use of Smartphone Devices for Access to State Data*. The policy can be located on the DOA/OHR website at: <http://www.doa.louisiana.gov/ohr/policies/policies2.htm>

The effective date of this action will be _____.
(1st day of a pay period)

Employee Signature & Personnel No. _____
Date

Section Head Signature _____
Date

Appointing Authority Signature _____
Date

Please forward this completed form to the Office of Human Resources.