

Office of the State Public Defender Administrative Policies

Subject: Cellular Devices and Services	Policy No.: 225
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1. POLICY

Cellular devices and services are provided to state employees for official State business use, and are issued when their benefits outweigh their costs. State devices are assigned to meet State business needs and are not a part of any State employee benefit program. The Office of the State Public Defender will provide cellular devices to employees who need them to perform their job duties.

2. DEFINITIONS

- 2.1 Cellular device: A portable device, including cellular telephones, satellite phones, air cards, Blackberry devices and other Personal Data Assistant (PDA) devices, with cellular communications capability. These devices may be State owned/leased (State device) or private owned/leased (private device).
- 2.2 Essential personal calls: Personal calls of minimal duration that cannot be made at another time or from a different telephone. Examples of essential personal calls are calls to arrange for unscheduled or immediate care of a dependent, a family emergency, or to alert others of an unexpected delay due to a change in work or travel schedule.

3. REQUIREMENTS FOR ISSUING A STATE DEVICE

- 3.1 Cellular devices shall be issued when it is more cost effective and efficient than landlines/desk phones, pagers and State contract calling cards. State devices are issued to an individual.
- 3.2 The Chief Public Defender or designee shall review and approve requests for cell equipment and services consistent with these requirements.
- 3.3 An authorization form (Attachment A) must be completed before a cellular device can be issued.
- 3.4 State devices shall be issued based on one or more of the following job requirements:
 - 3.4.1 Employee's job requires field work where landline phones are inaccessible or inefficient
 - 3.4.2 Employee's job requires immediate or on-call availability

3.4.3 Employee's job requires travel and availability via cellular device

4. REQUIREMENTS FOR USING A STATE DEVICE

- 4.1 Personal use of state devices shall be limited to State business and essential personal calls.
- 4.2 State device numbers may be ported (transferred) from one vendor to another. The following types of number porting are prohibited:
 - 4.2.1 Porting of a state landline business number to any cellular device (state or private device)
 - 4.2.2 Porting of a private device number to a state device account
 - 4.2.3 Porting of a State device number to a private device account
- 4.3 User responsibilities specified in policy ENT-SEC-081 User Responsibility and ENT-SEC-041 Transmission Privacy apply in so far as a cellular device under this policy provides a capability listed in those policies.
- 4.4 Users of mobile devices that interact with the State of Montana's Microsoft Exchange mobile device connection interface will be required to sign a Managed Mobile Device Email User Agreement (Attachment B).

5. REQUIREMENTS FOR REIMBURSEMENT OF PRIVATE DEVICE COSTS

If a private device is used for business purposes a reimbursement request may be made (Attachment C):

- 5.1 Any reimbursement shall be for verifiable costs in excess of the employee's plan or other fees and taxes incurred as a direct result of the business use.
- 5.2 Fixed Monthly Rate Option: The agency may reimburse employees approved to use a private device for state business at a fixed monthly rate:
 - 5.2.1 This reimbursement is available to those employees who are required to maintain a private device:
 - 5.2.1.1 for the performance of their job duties and have not been issued a State device, or
 - 5.2.1.2 because their agency has determined it either is more efficient or is essential for the performance of their job duties.
 - 5.2.2 The fixed monthly rate shall be no higher than a current State contract plan that would have otherwise been selected based on the number of minutes appropriate for the employees job-related duties.
 - 5.2.3 Employees who receive a monthly fixed reimbursement shall be responsible for all state, local and federal taxes.
 - 5.2.4 Employees who are issued a State device are not eligible to be reimbursed at a fixed monthly rate.

- 5.2.5 If reimbursement requests are submitted regularly, the employee's supervisor should consider assigning a State device to the employee.

6. RESPONSIBILITIES

6.1 The agency:

- 6.1.1 Is responsible for the appropriate use of cellular devices and services, including employee eligibility, plan usage and proper billing, and enforcement.
- 6.1.2 Is responsible to determine cost/benefit criteria for requiring their use of cellular devices based upon the requirements of this policy and applicable business requirements.
- 6.1.3 Shall designate one or more Cellular Managers

6.2 Cellular Manager(s) will:

- 6.2.1 Work with employee supervisors to determine best use of cellular devices and plans
- 6.2.2 Review all approved cellular device requests
- 6.2.3 Determine the most efficient use of minutes and cell plan
- 6.2.4 Resolve billing errors applicable to State device contracts
- 6.2.5 Maintain inventory records of authorized use of cellular devices to include:
 - 6.2.5.1 Employee-device assignment
 - 6.2.5.2 Assigned plan
 - 6.2.5.3 Justification

6.3 Employee Supervisors will:

- 6.3.1 Ensure their employees understand this policy and its requirements
- 6.3.2 Review individual cellular device assignments quarterly to determine if there is a continuing need and if the cost is justified
- 6.3.3 Review vendor billing statements on a monthly basis for overage minutes, incorrect, and reimbursable charges.

6.4 Employees using cellular devices:

- 6.4.1 Are responsible for State device equipment and proper use of the equipment in their possession
- 6.4.2 Shall notify their supervisor or appropriate management immediately in the event of damage, loss or theft of cellular devices. The employee shall provide written notification within five business days.
- 6.4.3 Are responsible for operating State or private vehicles, or operating other potentially hazardous equipment while in the performance of

State business, in a safe and prudent manner while using cellular devices. State employees are strongly encouraged not to use handheld cell phones or other handheld electronic communications devices or objects while operating state vehicles or personal vehicles on state business. ([ARM, 2.6.210 CELL PHONE USE](#)).

- 6.4.4 May request approval to use their private device for State business if they are required to carry a State device. The employee's supervisor may grant or deny such requests.
- 6.4.5 Shall check the monthly statement for accurate billing, highlighting calls of a personal nature.
- 6.4.6 Shall reimburse the State for all personal calls that result in additional charges to the State
- 6.4.7 Shall return State devices to their supervisor when the employee leaves their position or is no longer an authorized cellular device user.

7. ENFORCEMENT

Enforcement actions for violations of this policy include but are not limited to revocation of cellular device privileges and/or possible disciplinary action up to and including termination.

8. CROSS REFERENCE GUIDE

- 8.1 Policy for Establishing and Implementing Statewide Information Technology Policies and Standards (pending)
- 8.2 [ENT-SEC-081](#), User Responsibilities
- 8.3 [ENT-SEC-041](#), Transmission Privacy
- 8.4 [ARM, 2.6.210](#), Cell Phone Use
- 8.5 [ARM, 2.13.102](#), Use of the State's Telecommunications Systems
- 8.6 1-1103.01, MOM, Use of the State Telephone System (not available online)

9. CLOSING

This policy shall be followed unless it conflicts with negotiated labor contracts or specific statutes, which shall take precedence to the extent applicable.

Questions about this policy can be directed to your supervisor or to the OPD Central Office at:

Office of the State Public Defender
Administrative Service Division
44 West Park
Butte, MT 59701

(406) 496-6080

Attachment A

Office of the State Public Defender

CELLULAR DEVICE REQUEST AND AUTHORIZATION FORM

Request date: _____ Request is for Cell Phone Smart Phone

Supervisor making the request (print): _____

Job responsibilities that justify issuing a cellular device: _____

Approval Signature: _____ Date: _____
Supervisor

Approval Signature: _____ Date: _____
Chief Public Defender

The employee using the cellular device is responsible for reading the policy and signing below.

I have read the Policy for Cellular Devices and Services and agree with its terms and conditions. In addition, I agree to follow all employee responsibilities as described in the policy.

Employee name (print): _____ Signature: _____

Office Location: _____

Organization Number: _____

Cellular Manager Use Only

Device phone number: _____ Activation date: _____

Telephone model: _____ Serial Number: _____

Plan/Minutes: _____

User Name:
User ID (CM#):
Phone #:

Attachment B

Office of the State Public Defender **Managed Mobile Device Email User Agreement**

This user agreement covers ONLY the use of a Managed Mobile Device that interacts with the State of Montana's Microsoft Exchange mobile device connection interface.

For a definition of a managed mobile device or to find out more information about the E-MAIL MOBILE service, go to the Service Catalog located on the MINE Portal.

The user acknowledges and agrees:

1. The Department of Administration, Information Technology Services Division (ITSD), may wipe my managed mobile device, **STATE OR PERSONAL**, without any notification, resulting in loss of all data on the managed mobile device and setting the managed mobile device back to factory default settings. ITSD will make a reasonable effort to contact the appropriate agency personnel to inform them of the managed mobile device wipe, and reasons for the wipe, in a timely manner. Some of the common reasons to wipe a managed mobile device are listed below:
 - a. If the managed mobile device is suspected of being compromised and poses a threat to the State.
 - b. If the user of the managed mobile device violates State policies and statutes concerning the use of the mobile device.
 - c. If a technical issue arises that requires the managed mobile device to be wiped to resolve.
 - d. If the mailbox associated with the managed mobile device is disabled.
 - e. If the owner of the managed mobile device resigns, is terminated or suspended with/without pay.
2. During the initial synchronization with the Exchange infrastructure, a default Exchange Security Configuration (ESC) will be pushed to my managed mobile device. For information regarding the ESC read the "Managed Mobile Device Email Security Configuration" document. This ESC is meant to protect and secure the State's information on my managed mobile device. This ESC may change the way my managed mobile device works when I connect it to the Exchange infrastructure and could disable or enable features on my managed mobile device. If I require features that were changed by the ESC, then I may apply for the UNMANAGED Mobile Device policy through my agency or not use the E-MAIL MOBILE service.
3. The ESC may change because it is periodically reviewed. ITSD will attempt to inform customers before any changes, but in the case of an emergency change, this contact may not be possible.
4. If I lose my managed mobile device that is configured to connect to the State of Montana's Exchange Infrastructure, I am required to take the actions listed below as soon as possible, but no later than 24 hours from losing my managed mobile device.
 - a. Contact my Security Officer and report the loss.
 - b. Wipe all data from the managed mobile device via the Outlook Web Access *Options* page.
<http://mine.mt.gov/it/pro/win2kadmin/exchange/managingmobiledevicethroughowa.mcp>

- c. Contact the cellular company that provides my service and have the managed mobile device deactivated.
 - d. Change my Active Directory password.
 - e. Open an incident with ITSD's Service Desk, either via email to ServiceDesk@mt.gov or by calling 444-2000 to notify ITSD's Exchange Infrastructure Administrators of the loss and what actions have been taken. After being notified of a lost managed mobile device, the Exchange Infrastructure Administrators will confirm the data wipe of the managed mobile device.
5. DOA ITSD's responsibility is limited to verification that the mobile device connection interface is up and available and that a DOA ITSD test mobile device can use the mobile device connection interface. DOA ITSD WILL NOT provide troubleshooting or support for managed mobile devices.
 6. Support of the managed mobile device is provided by the mobile device provider or other agency designated staff.
 7. My use of managed mobile device is also governed by the following polices and laws, Electronic Mail ENT-Net-042; User Responsibility ENT-SEC-081; Internet Acceptable Use ENT-INT-011; and 2-15-114 and 2-17-534, MCA.
 8. All network activity conducted while doing State business and being conducted with State resources is the property of the State of Montana; and, the State reserves the right to monitor and log all network activity including email, text messages, Twitter messages, Internet use, and all other social media, with or without notice. Therefore, I have no expectations of privacy in the use of these resources and the content of the messages sent using these resources.

By signing this agreement, I acknowledge that I have been made aware of and understand the appropriate uses of managed mobile devices with the State of Montana Exchange infrastructure and I have reviewed the MANAGED MOBILE DEVICE EMAIL SECURITY CONFIGURATION document associated with this service. I also acknowledge that I have read and understand the policies and laws referenced in this agreement and agree to comply with these policies and laws.

MANAGED MOBILE EMAIL USER

Signature: _____ Date: _____ (DD/MM/YYYY)

Print Name: _____

AGENCY SECURITY OFFICER

Signature: _____ Date: _____ (DD/MM/YYYY)

Print Name: _____

The information above may not be altered in any way. This space may be used for approval information including plan and equipment details.

Mail the signed original of this form to: OPD Central Office, 44 W. Park, Butte MT 59701.

Attachment C

Office of the State Public Defender

Personal Cellular Device Fixed Monthly Reimbursement Request Form

Use this form to request a fixed monthly reimbursement for use of a personal cellular device for State of Montana business. See section 5.2 of the Office of the State Public Defender (OPD) Cellular Devices and Services policy for eligibility, restrictions and more information.

INSTRUCTIONS: Complete parts 1 thru 4 and submit to the Central Office for approval and processing.

PART 1 – WHO - COMPLETE THE FOLLOWING FOR THE EMPLOYEE REQUESTING A MONTHLY REIMBURSEMENT:

NAME: _____

TITLE: _____

OFFICE LOCATION/ORG _____

EMPLOYEE ID: _____

EMPLOYEE CELL PHONE NUMBER: _____

PART 2 – JUSTIFICATION - WRITE A BRIEF JUSTIFICATION FOR THE REIMBURSEMENT REQUESTED AND **ATTACH SUPPORTING DOCUMENTATION**, INCLUDING A COPY OF YOUR PHONE BILL. **YOU MUST DEMONSTRATE THAT USE OF YOUR PERSONAL DEVICE FOR STATE BUSINESS INCREASES YOUR COST.**

PART 3 – AMOUNT - COMPLETE THE FOLLOWING TO DETERMINE THE REIMBURSEMENT AMOUNT:

The amount of the reimbursement can be no more than the amount the state would otherwise pay to provide the service.

ESTIMATED MONTHLY AVERAGE VOICE USAGE FOR STATE BUSINESS: _____ MINUTES

Use of your cell phone for state business will be reimbursed at \$15 per month.

Requests for reimbursement for data use will be addressed on a case by case basis, and if approved will be reimbursed at \$40 per month.

MONTHLY REIMBURSEMENT AMOUNT REQUESTED: _____

PART 4 – EMPLOYEE/SUPERVISOR RESPONSIBILITIES AND AUTHORIZATION:

YOUR SIGNATURE BELOW AFFIRMS YOU HAVE READ AND UNDERSTAND THE OPD CELLULAR DEVICES AND SERVICES POLICY. This fixed monthly reimbursement shall expire no later than one year from the date of approval of this request by the Central Office.

EMPLOYEE: I am aware that maintaining a personal cellular account and device are my responsibility and necessary as part of my job responsibilities. I am responsible for all state, local and federal taxes related to this reimbursement. I understand that my personal cell phone number may be listed or published as needed for job requirements and my cell phone records must be furnished to the State upon request, and that I have no expectation of privacy in the number or the records.

Requesting Employee Signature: _____

Date: _____

SUPERVISOR: I am aware that reviewing personal cellular device reimbursements quarterly to determine if there is a continuing need and cost justification are my responsibility.

Supervisor Approval Signature _____

Date: _____

PART 5 – CENTRAL OFFICE APPROVAL AND PROCESSING:

Chief Public Defender Approval Signature: _____

Date: _____

AMOUNT APPROVED: _____ EXPIRATION DATE: _____

OPD Cellular Manager Signature (For Tracking and Processing): _____ Date: _____

OPD CELLULAR MANAGER SHALL RETAIN THE ORIGINAL FOR VERIFICATION AND RETURN AN ELECTRONIC COPY TO THE EMPLOYEE AND CENTRAL OFFICE ACCOUNTING.