

**Office of the President
University Policy**

SUBJECT: CELLULAR PHONE AND DATA SERVICES	Effective Date: 2-22-11	Policy Number: 5.7	
	Amended: 02-27-14; 11-16-15		
	Supersedes: Financial Affairs Policy last amended 3/1/2009	Page 1	Of 3
Responsible Authority: Vice President, Financial Affairs			

APPLICABILITY/ACCOUNTABILITY:

This policy is applicable to all employees of the University who require a cellular phone, pager, cellular data, broadband equipped mobile device (e.g. tablet with cellular data plan), or other similar telecommunications device ("TC Device") to carry out his or her job functions and/or other University responsibilities.

POLICY STATEMENT:

The University, selectively and where appropriate, may provide its employees with a TC device to conduct University business. To qualify for a TC device, the acquisition and use of TC Devices by University personnel must be related to their

•

Equipment Disposition:

Upon separation from the University, a telephone number may be ported. The TC Device must be returned to the department that originally authorized and funded the TC Device, as with all University-owned equipment or supplies, unless otherwise authorized by the Property Manager in accordance with applicable law and University policies and regulations.



Financial Affairs Office
777 Glades Road, ADM10/383
Boca Raton, FL 33431
tel: 561.297.3267 fax: 561.297.277
druss@fau.edu • www.fau.edu/financial

MEMORANDUM

The office of _____ is offering a cell phone stipend to offset the cost of a personal wireless plan. The stipend will be approved by the Vice President of Financial Affairs for those deemed to need a communication device for work purposes.

Currently the stipend is \$39.23 per pay period. This reimbursement will be considered a fringe benefit on your W-2 and includes the incremental tax costs of the benefit. If it is determined you no longer qualify for the stipend, you will be notified before the stipend ends.

The employee is responsible for all and any costs related to their personal communication plan and for ensuring that your cell phone and wireless plan interface with FAU systems.

Employee Signature: _____

Date: _____

Employee Print Name: _____

Employee Z# _____

Cell Phone Number: _____

Wireless Provider: _____

rementa