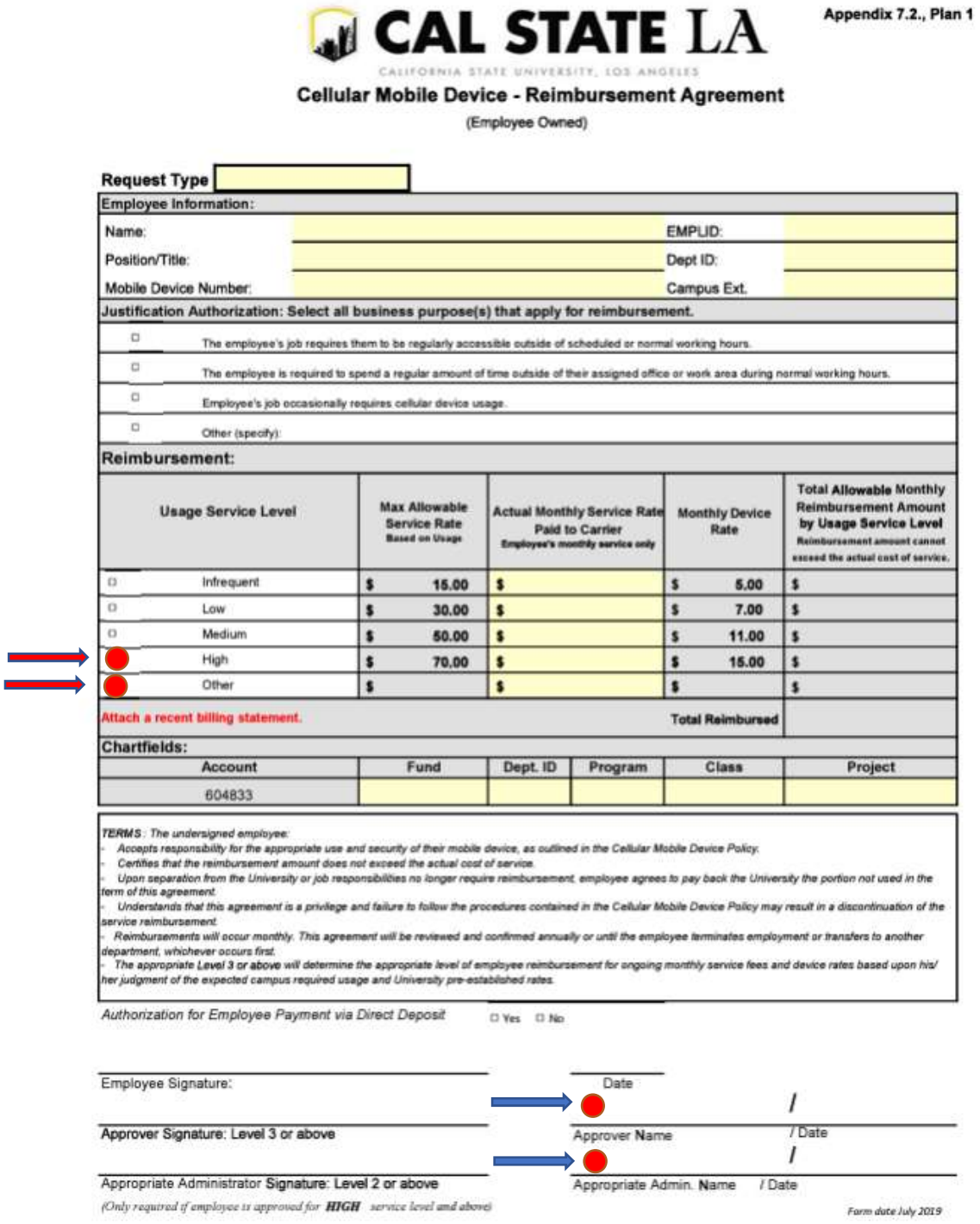
CAL STATE LA
WORKFLOW & SAMPLE GUIDE

Cellular Mobile Device Agreement

The appropriate administrator for level 2 or above is required if the 'High' checkbox is checked or the 'Other' checkbox is checked. The user must provide the name of the administrator as well as the user's approver.



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Appendix 7.2., Plan 1

Cellular Mobile Device - Reimbursement Agreement

(Employee Owned)

Request Type

Employee Information:

Name:		EMPLID:	
Position/Title:		Dept ID:	
Mobile Device Number:		Campus Ext.	

Justification Authorization: Select all business purpose(s) that apply for reimbursement.

- ☐ The employee's job requires them to be regularly accessible outside of scheduled or normal working hours.
- ☐ The employee is required to spend a regular amount of time outside of their assigned office or work area during normal working hours.
- ☐ Employee's job occasionally requires cellular device usage.
- ☐ Other (specify):

Reimbursement:

	Usage Service Level	Max Allowable Service Rate (Based on Usage)	Actual Monthly Service Rate Paid to Carrier (Employee's monthly service only)	Monthly Device Rate	Total Allowable Monthly Reimbursement Amount by Usage Service Level (Reimbursement amount cannot exceed the actual cost of service.)
☐	Infrequent	$ 15.00	$	$ 5.00	$
☐	Low	$ 30.00	$	$ 7.00	$
☐	Medium	$ 50.00	$	$ 11.00	$
●	High	$ 70.00	$	$ 15.00	$
●	Other	$	$	$	$

Attach a recent billing statement. **Total Reimbursed**

Chartfields:

Account	Fund	Dept. ID	Program	Class	Project
604833					

TERMS: The undersigned employee:

- *Accepts responsibility for the appropriate use and security of their mobile device, as outlined in the Cellular Mobile Device Policy.*
- *Certifies that the reimbursement amount does not exceed the actual cost of service.*
- *Upon separation from the University or job responsibilities no longer require reimbursement, employee agrees to pay back the University the portion not used in the term of this agreement.*
- *Understands that this agreement is a privilege and failure to follow the procedures contained in the Cellular Mobile Device Policy may result in a discontinuation of the service reimbursement.*
- *Reimbursements will occur monthly. This agreement will be reviewed and confirmed annually or until the employee terminates employment or transfers to another department, whichever occurs first.*
- *The appropriate Level 3 or above will determine the appropriate level of employee reimbursement for ongoing monthly service fees and device rates based upon his/her judgment of the expected campus required usage and University pre-established rates.*

Authorization for Employee Payment via Direct Deposit ☐ Yes ☐ No

Employee Signature: Date

● /

Approver Signature: Level 3 or above Approver Name / Date

● /

Appropriate Administrator Signature: Level 2 or above Appropriate Admin. Name / Date

*(Only required if employee is approved for **HIGH** service level and above)*

Form date July 2019

CAL STATE LA
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Cellular Mobile Device - Reimbursement Agreement

(Employee Owned)

Request Type Renewal

Employee Information:

Name:	Jane Doe	EMPLID:	55555555
Position/Title:	CEO of Testing	Dept ID:	565499146
Mobile Device Number:	5555555555	Campus Ext.	23456

Justification Authorization: Select all business purpose(s) that apply for

- ☑ The employee's job requires them to be [illegible] outside of sched[illegible] hours.
- ☑ The employee is required to spend [illegible] of their as[illegible] area during [illegible] working hours.
- ☑ Employ[illegible] onally requires [illegible]
- Other ([illegible])

Reimbursement:

	Usage Service Level	Max Allowable Service Cost Based on Usage	Actual Monthly Service Rate Paid to Carrier Employee's monthly service only	Monthly Device Rate	Total Allowable Monthly Reimbursement Amount by Usage Service Level Reimbursement amount cannot exceed the actual cost of service.
☐	Infrequent	$ 15.00	$	$ 5.00	$
☐	Low	$ 30.00	$	$ 7.00	$
☐	Medium	$ 50.00	$	$ 11.00	$
☑	High	$ 70.00	$ $ XXXX	$ 15.00	$ $ XXXX
☑	Other	OR $	$ $ XXXX	$	$ $ XXXX
	Attach a recent billing statement.			Total Reimbursed	$0.00

Chartfields:

Account	Fund	Dept. ID	Program	Class	Project
604833	BA33333	4563			

FA
FA

TERMS *: The undersigned employee:*

- *Accepts responsibility for the appropriate use and security of their mobile device, as outlined in the Cellular Mobile Device Policy.*
- *Certifies that the reimbursement amount does not exceed the actual cost of service.*
- *Upon separation from the University or job responsibilities no longer require reimbursement, employee agrees to pay back the University the portion not used in the term of this agreement.*
- *Understands that this agreement is a privilege and failure to follow the procedures contained in the Cellular Mobile Device Policy may result in a discontinuation of the service reimbursement.*
- *Reimbursements will occur monthly. This agreement will be reviewed and confirmed annually or until the employee terminates employment or transfers to another department, whichever occurs first.*
- *The appropriate Level 3 or above will determine the appropriate level of employee reimbursement for ongoing monthly service fees and device rates based upon his/her judgment of the expected campus required usage and University pre-established rates.*

Direct Deposit Sign-Up Form

Authorization for Employee Payment via Direct Deposit ◉ Yes ○ No

Jane Doe
Jane Doe (Oct 11, 2023 16:45 PDT)
Employee Signature:

10/11/2023
Date

John Jacob
John Jacob (Oct 11, 2023 16:46 PDT)
Approver Signature: Level 3 or above

John Jacob / 10/11/2023
Approver Name / Date

LEVEL 2 OR ABOVE ADMIN IS REQUIRED
Appropriate Administrator Signature: Level 2 or above

LEVEL 2 OR ABOVE ADMIN IS REQUIRED
Appropriate Admin. Name / Date

(Only required if employee is approved for ***HIGH*** *service level and above)*

Form date July 2019

SAMPLE