

## Exception to UK Cellular Device Form

### Request for Departmental Contracts for Cellular Devices

As stated in UK Cell Device Policy Q.1.2 section 13 – Departmental Contracts for certain units may have special needs that justify departmental ownership of cellular devices. If the need meets the criteria as specified in Q.1.2 section 13, the department head, with the approval of the appropriate higher authorization level may be authorized to have CNS obtain direct billing from the cellular carrier.

The University's exemption from federal and state taxes presumes that cellular devices are primarily for business and not personal use. Therefore, cellular device purchases and contracts where the University is the official billing entity should be approved only for those situations where the phone will be used solely for business purposes. In these cases, employees do not receive a salary supplement or expense reimbursement, and the equipment is the property of the department, used solely for business purposes, and returned to the department daily after the employee's work shift. Examples of eligible employees include police officers, parking cashiers, delivery drivers, maintenance personnel, security personnel, and other employees who need to be accessible by phone during their work shift. This contracting method will not be an option for administrators or faculty members.

The department head or designee in the unit must acquire cellular phone services through Communications and Network Systems (CNS) - the University's official billing entity. Cellular phone service plans should be selected to reflect the estimated business use (i.e. service minutes) and must be reviewed on an annual basis and adjusted as necessary, to reflect average business use. The form is available at: <http://www.uky.edu/IT/CNS/products/cellphon.html> .

Department Name:	
Department Number:	
Type of Devices:	
Number of Devices:	
Cellular Device phone numbers:	
Cost Center/Cost Object to be charged:	

Justification:

**I certify that this request meets the criteria as specified in Q.1.2.13.**

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Supervisory Certification and Signature:

Signature and Date \_\_\_\_\_

Next Higher Level Authorization: President, Provost, EVP, VP, Dean or Director

Signature and Date: \_\_\_\_\_

Approval of Associate Dean for Research Authorization **if to be charged to Grant (304 number)**

Signature and Date: \_\_\_\_\_

Approval of Office of Sponsored Project Administration **if to be charged go Grant (304 number)**

Signature and Date: \_\_\_\_\_

Submit Form to Communications & Network Systems Attn: Catherine Bell [cbell@uky.edu](mailto:cbell@uky.edu) ; 04 Parking Structure #2  
538 Rose Street ; Lexington, KY 40506-0198; 859-257-0700.