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, 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. It is responsibility of approving official to review the contract plan on regular basis to ensure appropriate plan for the business use of the device.
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 primarily for business purposes. In these cases, employees do not receive a cell allowance or expense reimbursement, and the equipment is the property of the department, used 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 Number: _____ Department Name:_____
Justification:

Type of Device:_____ Qty of Devices:_____

Cellular Device Phone numbers_____

Cost Center/Cost Object to be charged:_____

I Certify that this request meets the criteria as stated in UK Business Procedure Q.1.2.13

Supervisory Certification and Signature:

Name Printed:_____ Signature:_____Date:_____

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

Name Printed:_____ Signature:_____Date:_____

Approval of Controller:

Name Printed:_____ Signature:_____Date:_____

Approval of Associate Dean for Research if to be allocated to WBS/Grant (304 number)

Name Printed:_____ Signature:_____Date:_____

Approval of Office of Sponsored Projects Administration if to be allocated to WBS/Grant (304 number)

Name Printed:_____ Signature:_____Date:_____

WBS/grant(s) to be used_____

WBS/grant allocation requires detailed billing and allocation of 100% of calls submitted to Sponsored Projects Accounting on a monthly basis accompanied by a reimbursement for personal use. If no allocation is received, person responsible for phone will be taxed 100% for personal use of phone.
Name and employee ID of person responsible for phone_____