

COLORADO DEPARTMENT OF TRANSPORTATION

CELL PHONE & MOBILE DEVICE REQUEST OR CANCELLATION

I request a: _____ Cell Phone _____ Mobile Device (_____ Wi-Fi capable? _____ or is data plan necessary?)

I request that (choose one):

- ☐ a state-owned cell phone or mobile device be issued with _____ / without _____ (choose one) a data plan. Attach CDOT Form 1409 "Employee State Cell Phone & Mobile Device Agreement" only.
- ☐ an allowance be provided for the business use of an employee-owned cell phone (mobile devices, such as tablets, hot spots or other similar device, are not eligible for an allowance). Attach CDOT Form 1410 "Allowance for Employee-Owned Cell Phone Agreement" only.
- ☐ Cancel (choose one of the following) State-Owned Cell Phone Allowance for Business use of personal device

Name (please print) Classification Personnel Number Effective Date

I understand that the allowance amount is fixed each year by the State Controller, may not be adjusted by CDOT, and that an allowance for a personal cell phone with no data plan may only be approved if the allowance amount is less than the state's cost of issuing and maintaining a state-owned cell phone.

If applicable, I acknowledge that a state-owned cell phone has been turned off prior to the date the employee commences the request for an allowance.

I understand for a state-owned cell phone or an allowance for an employee-owned cell phone, that the nature of work is critical to the operation of the agency and requires one or more of the following:

1. Substantial travel which limits the employee's ability to use their office phone or other office phones, or
2. The employee's job duties require the ability to respond immediately, or
3. The employee's job duties require the ability to be available outside of normal office hours, and
4. Meets any other requirements established by the appropriate Appointing Authority.

I understand that at the discretion of the Appointing Authority, CDOT will provide a mobile device to an employee if the following criteria are met:

1. the employee's job duties require the use of a mobile device, or
2. the use of the mobile device provides a cost benefit to CDOT. If possible, the supervisor should attempt to reduce cost by utilizing "Wi-Fi" capability in avoiding a data plan.

I understand as the supervisor of the employee that it is my responsibility to ensure the device is being used for business purposes in a manner consistent with Procedural Directive 46.1.

I understand as the supervisor that it is my responsibility to review the billing statements in a manner consistent with and to ensure compliance with Procedural Directive 46.1 and the appropriate agreement.

I understand as the supervisor that a signed copy of this request along with the appropriate agreement must be submitted to the business office, which will provide a copy immediately to the payroll office, so the payroll office can ensure any allowance amount is credited as income to the employee for tax purposes.

I understand as the supervisor that an employee who has either a state-owned cell phone or receives an allowance for an employee-owned cell phone (excluding any employees who work in patrol barns or maintenance facilities may not be provided with a desk phone unless justification is provided below.

Business Justification

In this space, the supervisor must explain how the applicable criteria are met. For example, the employee is required to spend a significant amount of time "in the field" but must be available to their supervisor or other CDOT personnel throughout the day. The supervisor must also explain the reasons why requesting an exception to the standard data plan, if applicable. If the employee has a state-owned cell phone or receives an allowance, the supervisor must provide an explanation why the employee still requires an office desk phone. The Appointing Authority will review this Business Justification before approving the overall plan.

Business Plan:

Supervisor Name (printed) Supervisor Signature Date

Appointing Authority Name (printed) Appointing Authority Signature Date

Employee Acknowledgment (printed) Employee Signature Date