

UW-GREEN BAY CELLULAR TELEPHONE INSTRUCTIONS AND JUSTIFICATION OF NEED FORM

Employee Name: _____ Department: _____

1. Cellular User Agrees To:

- a. See UWGB Purchasing website for detailed info:
http://www.uwgb.edu/purchasing/contracts/cellphone_contract.htm
- b. Read the [DOA Cellular Phone Cover Letter](#) and the [Enterprise Policy: Cellular Telephone Services & Equipment](#).
- c. Obtain authorization from their Supervisor **and** Department Head to purchase business cellular telephone service. Complete the Justification of Need Section (see below) to document approval.
- d. Complete and sign the [Acknowledgement of Receipt of Enterprise Policy-Cellular Telephone Services & Equipment Form](#).
- e. Submit Justification of Need Section & Acknowledgement of Receipt Form, the Wireless Service New Request Form and if applicable, the Wireless Service Equipment Upgrade Request forms to Purchasing **prior to scheduling training**. Contact Jeanne DeGroot (x5065), to schedule your training with Linda Dupuis, Director of Institutional Support.
 - i. After training, contact the U.S. Cellular sales representative to request service. Primary Contact: Bob Decoteau at 366-2727, Secondary Contact: Jill Foth at 920-418-5455. The vendor may request the following information for new accounts:
 - ii. [Wireless Service – New Request Form](#) (Must be completed for all new accounts.)
 - iii. [Wireless Service – Equipment Upgrade Request](#) (Must be completed if upgrading from standard equipment, prior written approval from your supervisor is required.)
 - iv. [Certificate of Exemption from Federal Excise Tax on Wireless Communication Services](#)
 - v. [Wisconsin Sales & Use Tax Exemption Certificate Form](#)
 - vi. [Sales & Use Tax Certificate of Exempt Status \(CES\)](#)
- f. Payment for cellular phone service must be with a UWGB departmental Purchasing Card. Use the following form to establish automated payment to a departmental Purchasing Card for your account. It may also be used to revise Purchasing Card account numbers or expiration dates: [Automated Payment Service Authorization](#). Please print and fax completed form to US Cellular at (608) 282-1577.
- g. Contact Marie Helmke at X2598 to obtain information about requesting a Purchasing Card if you do not currently possess one. For more information about the program, see <http://www.uwgb.edu/purchasing/purchasingCard/index.htm>.
- h. The following form must be used to reimburse the University for non-permissible personal calls made or received on a State-owned cell phone. Please use this form in lieu of the Deposit Slip Form: [Reimbursement Form for Personal Use of State-Owned Cellular Phone](#) Frequency of reimbursement can be made by the Area Leader, however, it cannot be less than semi-annually.
- i. Reference info: Wisc. DOA, State Bureau of Procurement: [Cell Phone Contract](#).

JUSTIFICATION OF NEED FORM

- 2. Provide Justification of Need for Cellular Service and the Impact on Job Performance:**
(Ex. employees who travel or have job responsibilities that include being outside of the office or are on call for extended periods, etc.)

3. Supervisor Agrees To:

- Authorize the purchase of business cellular services when the required criteria are met; accept responsibility for reviewing the charges with the cellular user on a monthly basis. In lieu of personal meetings, the monthly cell phone bill review may be handled via inter-campus mail using the following procedure:

The cell phone user must forward a copy of the cell phone bill to their supervisor on a monthly basis. A notation must be made on the bill using one of the following statements:

- a. "No personal calls were made"; cell phone user's signature & date must be included.
 - b. "Personal calls were made and are marked with an asterisk"; cell phone user's signature and date must be included along with a copy of the completed Reimbursement Form for Personal Use of State-Owned Cellular Phones (located at bottom of page).
- Review individual cell phone assignments on an annual basis to determine if there is a continuing need and if it is cost-justified.

Employee Signature

Date

Supervisor and Department Head Signature

Date
