

## **SPECIAL INSTRUCTIONS**

**THIS FORM IS TO BE USED BY  
LDH ADMINISTRATIVE SERVICES STAFF ONLY  
FOR THE REQUIRED ANNUAL RECERTIFICATION OF AGENCIES EXISTING LDH  
TELECOMMUNICATIONS STIPEND RECEIVERS.**

**LDH TELECOMMUNICATIONS STIPEND RECEIVERS ARE TO COMPLETE THIS  
FORM ANNUALLY WITH THEIR SIGNATURE/DATE AND RETURN TO LDH  
ADMINISTRATIVE SERVICES WHO WILL COMPILE EACH AGENCIES STIPEND  
RECERTIFICATION FORMS AND OBTAIN THE APPOINTING AUTHORITY  
APPROVAL SIGNATURE/DATE.**

**FORMS MUST BE SIGNED AND DATED BY BOTH THE EMPLOYEE AND  
APPOINTING AUTHORITY BY JUNE 15<sup>th</sup> OF EVERY YEAR IN ORDER FOR  
STIPENED TO CONTINUE.**

**FAILURE TO RETURN THE LDH TELECOMMUNICATIONS STIPEND RECEIVER  
ANNUAL RECERTIFICATION FORM IN A TIMELY MANNER WILL RESULT IN  
THE STIPEND BEING TERMINATED IMMEDIATELY JULY 1<sup>st</sup>.**

Instructions on how to locate your cellular device IMEI #

**Android:**

1. On the Home screen, tap "Apps."
2. Tap "Settings."
3. Go to General tab. Under this tab, scroll down and tap on "about device."
4. Tap on "Status."
5. Scroll down and you will find the IMEI number of the phone.

**iPhone:**

6. Go to Settings > General and tap "About."
7. You need to scroll down to find the IMEI

**LDH Telecommunication Stipend Receiver  
Annual Re-Certification Attestation**

I, \_\_\_\_\_ attest that I am currently receiving a \$ \_\_\_\_\_ monthly cellular phone stipend to utilize my personal cellular phone to conduct official state business.

I understand and agree that I am solely responsible for purchasing my own cellular phone and for maintaining an appropriate cellular phone monthly service plan contract with a cellular phone provider, (prepaid cellular phones are not permitted). I further understand and agree that any contract for such monthly service plan with the cellular service provider must be in my name or my spouse's name. I understand and agree that any remaining amount of my cellular phone bill above the stipend amount identified herein will remain my responsibility. I also understand and agree that I am solely responsible for replacing/repair(s) to my personal cellular phone. I agree to notify my immediate supervisor and LDH Administrative Services if I am no longer maintaining an appropriate monthly cellular phone plan contract to meet the official state business needs of my unit.

Due to HIPAA concerns, I agree that my cellular phone must have a security code or password that complies with the State of Louisiana OTS Information Security Policy. Further, if my cellular phone device for which I am receiving the stipend is lost, stolen, or damaged, I understand and agree that I must immediately notify LDH Administrative Services. I understand that LDH Administrative Services will notify the Division of Administration/Office of Technology Services-Information Security Team and agree that in such circumstances, my personal cellular phone may be remotely wiped and access to any stored state email accounts/data/videos/images will be immediately removed, in accordance to the State of Louisiana OTS Information Security Policy.

As provided for in the Louisiana Public Records Act (La. R.S. 44:1 et. seq.), I fully understand that my cellular phone device is subject to public inspection, and that I may be contacted by LDH Administrative Services, LDH Internal Audit, Louisiana Legislative Auditors, LDH Legal, LDH Human Resources, and/or the Louisiana Attorney General Office at any time to present my personal cellular phone for review/inspection. Such review or inspection may include any and all state related email communications, photos, videos, phone calls (made and received), text messages (made and received), and/or data stored on applications. Additionally, the items noted may also be accessed remotely at any time should there be an official state business need.

Failure to return your LDH Telecommunication Stipend Receiver Annual Re-Certification Attestation Form implies your request to terminate your stipend effective July 1.

Cellular Phone Service Carrier \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_

Cellular Phone Type/Model (i.e. Apple iPhone8) \_\_\_\_\_

Cellular Phone IMEI # \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**--- FOR OFFICIAL USE ONLY --- STOP HERE --- FOR OFFICIAL USE ONLY --- STOP HERE ---**

LDH ADMINISTRATIVE SERVICES SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Appointing Authority Name and Title \_\_\_\_\_

Appointing Authority Official Signature \_\_\_\_\_ Date \_\_\_\_\_