



Telecommunications Stipend Request Form

TO: LDH Telecommunication Coordinator – Bienville Building Cube #516-18

FROM: _____ DATE: _____

Part A. Have employee complete and sign this portion of the form.

EMPLOYEE NAME _____ PERSONNEL NUMBER _____

I, _____ plan to use my personal cellular device and I am requesting your approval to use my (Type Brand, Model: *i.e. Apple iPhone*) _____ IMEI # _____

(Type of Plan *i.e.* Nationwide, Unlimited Voice/Data, and Unlimited Texting) _____

(Service Provider) _____ (Service/Contract Account #) _____

(Cellular/Smartphone Telephone #) _____

Acknowledgment and Certification

I, _____ understand that, in accordance with LDH Policy Number 59.1 concerning cellular devices, with my justification attached, will receive a monthly allowance of \$35.00 to be used to provide telecommunications/ data service required for the satisfactory performance of my job duties. This will be the only reimbursement for a cellular device/service expenses I will receive.

I further understand that I may be required to provide records of my cellular device/services for public records review request and/ or audit per Louisiana Revised Statute Title 44: Public Records and Recorders, since I am using my personal cellular device to conduct official state business. **Records include, but are not limited to, text messages, emails, applications, photos, websites, and data usage on my cellular device.**

I acknowledge that I must maintain a monthly cellular service account in my or my spouse’s name in order to receive this stipend, and my failure to do so may subject me to recoupment and/or disciplinary actions. I agree that my cellular phone must have a security code or password that complies with the state OTS information security policy. If my cellular phone is lost, stolen, or damaged I must immediately notify LDH Administrative Services so they can notify OTS to remotely wipe my device in accordance with state policy. I agree to notify my Appointing Authority, LDH Administrative Services, and LDH Human Resources within the same pay period if I discontinue my cellular services for any reason other than changing cellular service providers.

I also acknowledge that this allowance will be reported as income on my W-2. Taxes and retirement will be withheld. I have read and agree to comply with LDH Administrative Policy #51.9 regarding cellular device stipend. I understand that I may be subject to disciplinary action for violation of this policy.

Employee Signature

Date

Part B Attach a **detailed justification** pertaining to the employee’s job description and phone usage. Route to Appointing Authority for approval.

Part C Appointing Authority will sign, then route to the remaining identified individuals on the agency routing slip.

Appointing Authority Approval

Date

6/11/2021 ss

Part D Please route through to the remaining identified individuals on the agency routing slip.

Agency/Facility Budget Officer Signature

Approved Date Denied Date

Agency Assistant Secretary, Medicaid Director, Board/Commission/LGE Executive Director Signature

Approved Date Denied Date

LDH Administrative Services Validation/Verification Signature

Approved Date Denied Date

LDH Deputy Secretary Signature (OAAS, OBH, OCDD, OPH, and Board/Commission/LGE Executive Directors only)

Approved Date Denied Date

LDH Undersecretary Signature (all requests)

Approved Date Denied Date

Please reroute this form directly back to LDH Telecommunications Coordinator via email or messenger mail. Should you have any questions, please call 225-342-9331.

Upon final approval from the Undersecretary, a copy of the form will be presented to the HR Division for the stipend to be established. ***Date approved by Undersecretary will be effective date of stipend.** Once confirmation is received that this is complete, the employee will be notified.

NOTE: If the employee has a state issued device (cell phone/MiFi), it must be turned in and service cancelled within the same pay period the stipend is issued.