

1.1.C.14 Reimbursement for Use of Staff Owned Remote Access Devices

I Policy Index:



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Office of Primary Responsibility: DOC Administration

II Policy:

The Department of Corrections (DOC) will provide reimbursement to approved staff members for personal cellular communication plans that support a staff owned Remote Access Device (RAD) which is used to conduct state/DOC business.

III Definitions:

Remote Access Device (RAD):

Includes smartphones like BlackBerry, iPhones, Androids and mobile computing devices like iPads and notebooks.

IV Procedure:

1. Reimbursement of Personal Cellular Communication Plans:

- A. Staff participation in the DOC RAD reimbursement plan is voluntary. Staff who are issued a DOC owned RAD have the option of maintaining the DOC owned/issued RAD and the corresponding cellular communication/data plan.
- B. Staff choosing to maintain a DOC owned/issued RAD and the corresponding communication/data plan are not eligible for reimbursement of their personal cellular communication plan.
- C. The DOC may approve a monthly rate of reimbursement to defray the cost of a staff member utilizing his/her personal cellular communication plan for the purpose of supporting a RAD which is used to conduct state/DOC business.
- D. The DOC will review the monthly rate of reimbursement annually.
- E. The amount of reimbursement provided to staff by the DOC may not exceed the cost of the DOC providing the staff member with a DOC owned/issued RAD and the corresponding cellular communication plan.

1. The amount of reimbursement issued to a staff member will not exceed the actual cost of that portion of the staff member's communication/data plan which provides service to the staff owned RAD used to conduct DOC business.
- F. Staff requesting reimbursement must submit a state expense voucher and a copy of the cellular communication bill showing the total cost of providing service to the staff owned RAD to the DOC business office each month. Only one month can be claimed on each expense voucher.

2. Staff Responsibilities:

- A. Staff who have been approved for reimbursement of their communication/data plan are responsible for the selection, enrollment and payment of the personal cellular communication/data plan and staff owned RAD.
1. Staff applying for DOC reimbursement of their personal cellular communication plan are responsible for obtaining a personal cellular communication plan and staff owned RAD that at a minimum, meets the required level of service defined by Bureau of Information and Telecommunications (BIT) and the DOC.
 - a. The DOC will not reimburse employees for "upgrades" to their personal cellular communication plan or staff owned RAD.
 2. Staff must read the BIT [Remote Access Device or Mobile Device Policy](#) and complete the RAD form required by BIT (See [Attachment 1](#)) prior to being eligible for reimbursement. Staff are not required to sign the RAD form if the RAD will only be used to send or receive telephone calls.
- B. Staff receiving DOC reimbursement for a personal cellular communication plan must provide the DOC with the telephone number assigned to the RAD.
1. Staff must notify the DOC within five (5) working days of activation if the telephone number assigned to the RAD/plan which they are receiving DOC reimbursement changes.
- C. Staff are personally responsible for complying with the provider's cellular communication service contract which supports the staff owned RAD/plan and for which the staff member receives reimbursement.
1. In the event the staff member leaves the job position that qualified for communication/data plan reimbursement, or he/she terminates employment with the DOC, the staff member will remain responsible for the contractual obligations of the cellular communication plan.
 - a. Staff are responsible for all costs or fees associated with a change or cancellation of a cellular communication plan that may be due to the provider.
 - b. Staff will not be reimbursed for the month in which they terminate employment with the DOC.
 2. Staff is responsible for direct payment to the cellular communications provider for all service charges, penalties and fees, including state and federal taxes. This includes any amount that exceeds the amount of reimbursement issued by the DOC.

- D. Staff receiving reimbursement must notify his/her supervisor within twenty-four (24) hours of the inactivation of their cellular communication service (termination of contract), or of the loss, theft or inoperability of the staff owned RAD used to conduct state/DOC business.
1. Staff are required to notify the DOC and BIT Help Desk if the staff owned RAD used to conduct state business is lost or stolen.
 - a. Staff must change the active directory password immediately.
 - b. Staff must notify the cellular company providing service to the RAD to have it wiped and/or deactivated.
- E. Staff are responsible for backing up personal data stored on/in a staff owned RAD used to conduct state/DOC business.
1. If a security breach occurs involving the staff owned RAD, the staff member may be required by BIT/DOC to surrender the RAD to have it wiped and returned to its original factory settings.
 2. BIT/DOC is not responsible for performing maintenance on staff owned RADs.
 3. The DOC is not responsible for any damages caused by the inappropriate use of a staff owned RAD. This includes damage done to state/DOC data by an outside party hacking into the staff owned RAD or non-staff members sending inappropriate emails from the staff owned RAD.
- F. In the case an e-discovery request or other legally mandated search can not be fulfilled by BIT/DOC remotely through the state server, staff may be required to surrender the RAD to the appropriate technical authorities.
1. Use of a staff owned RAD to send or receive state/DOC email could result in the creation of a public record which is discoverable under a court order. Any data contained in or on the staff owned RAD could be ordered public.
- G. Staff may be asked to demonstrate to the DOC/BIT that all state owned data has been removed from the staff owned RAD upon termination of employment with the DOC.
- H. DOC policy 1.3.A.10 [Staff Use of State Technology](#) and DOC policy 1.1.C.12 [Staff Use of State Computers](#) apply to all state business conducted with a staff owned RADs.

3. Eligibility and Approval:

- A. Staff may only request reimbursement for cellular communication service supporting a staff owned RAD that meets the minimum compatibility criteria set forth by BIT and the DOC by contacting their supervisor. The RAD must be able to interface with Microsoft Active Sync, 2010.
- B. Supervisors will consider the following criteria before approving the staff member's request for reimbursement:

1. The staff member's job responsibilities require immediate and direct accessibility/response that cannot be accommodated by another device, e.g. landline telephone.
 2. The staff member's job responsibilities require a high degree of mobility during business hours such that the staff member cannot be reached in a timely manner at his/her desk/work station.
 3. The staff member's job responsibilities require ready accessibility and/or response during non-business hours.
- C. If the staff member meets one or more of the above criteria, the supervisor may approve the request. Approved requests will be forwarded to the Secretary of Corrections or Director of Operations for final approval. The DOC business office will be notified of all approved requests.
- D. Staff approved by their supervisor to connect to the state email system must complete the RAD form (See [Attachment1](#)) and electronically submit this to BIT.
- E. If the staff member's job responsibilities change and/or the staff member no longer meets the one of the above criteria, he/she is not be eligible for reimbursement.
1. Supervisors are responsible for notifying the DOC business office when it is determined a the staff member is no longer eligible for cellular communication plan reimbursement.

4. Right to Withdraw:

- A. The DOC's reimbursement of a staff member's cellular communication service is not considered an entitlement and is not part of an employee's salary.
- B. Participation in the reimbursement plan may be withdrawn at any time by either party.
- C. Institutional accounting system operations will be structured to indicate the current status of appropriations and expenditures based upon information and reports from the South Dakota Accounting System (SDAS).
- D. Reimbursement procedures will comply with regulations as prescribed by the Bureau of Finance and Management (BFM) and the Office of the State Auditor.

V Related Directives:

DOC policy 1.3.A.10 -- [Staff Use of State Technology](#)

DOC policy 1.1.C.12 -- [Staff Use of State Computers](#)

VI Revision Log:

March 2013: New policy

April 2014: Added "to the DOC bussiness office each month. Only one month can be claimed on each expense voucher." in Section 1 F.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

06/09/2014

Date

Attachment:1 Remote Access Device (RAD) or Mobile Device Form

Go to: <http://intranet.bit.sd.gov/forms/rad/default.aspx>

Remote Access Device (RAD) or Mobile Device Form

By filling out the information below and hitting Submit, an email will automatically be sent to the BIT Help Desk. By doing so, the requesting entity and RAD owner confirms they have read the entire [policy and agrees to all terms, conditions and limitations](#).

By submitting this form you are confirming that you are either a supervisor or manager or that your supervisor or manager has approved the request.

RAD Owner's Name
 * Required

User ID Ex. NPR15556
 * Required

Agency
 * Required

Supervisor Email Ex. *firstname.lastname@state.sd.us*
 * Required

Supervisor Email Confirm Ex. *firstname.lastname@state.sd.us*
 * Required

Please also provide the following information (if applicable):

RAD Type/Model Ex. *Mobile Phone/Motorola Droid X*

RAD Operating System Ex. *Android*

RAD Cell Phone Number Ex. *(605) 773-5555*

RAD Cell Phone Carrier Ex. *AT&T*

Requester First Name
 * Required

Requester Last Name
 * Required

Requester Telephone Number Ex. *(605) 773-5555*
 * Required

Requester Email Address Ex. *firstname.lastname@state.sd.us*