



Mobile Communications Agreement and Request Form

Name: _____ Job Title: _____

Department: _____

Mobile Device Provider

& Full Account Number: _____ Mobile Phone # for Request: _____

Reimbursement Start Date: _____ Reimbursement End Date: **June 30, 2026**
(Up to one year from start date)

Justification: _____

Required for Employees Below the Dean or Assistant/Associate Vice Chancellor Level:

1. ***Attach Documentation*** to support the request, including job descriptions, and examples and frequency of regular duties.
2. ***Complete Questions A-D -***
 - A. Is the employee designated as *key* personnel needed in the event of an emergency? If yes, describe the specific duties and how frequently (daily, near daily, weekly, occasionally).

 - B. Do the daily or near daily duties of this position require employee to be frequently out of the office in remote locations and communication is essential to the business functions of the department? If yes, please provide examples of instances where and when this occurs.

 - C. Does the job function require the employee to frequently work for a considerable time outside of normal working hours (i.e. evenings and weekends)? Is it important that the employee be accessible during those times? If yes, describe the regular functions that fit the criteria, include specific examples of necessary work that occurs after hours, and describe how frequently (daily, near daily, weekly, occasionally).

 - D. Does the job function of the employee require frequently providing critical information to management outside of working hours? Does the job function of the employee include receiving and returning critical calls outside of normal working hours (i.e. evenings and weekends)? If yes, provide specific examples and describe how frequently (daily, near daily, weekly, occasionally).

I certify that:

- I understand that to receive reimbursements, which cannot exceed \$40 per month, I am required to be reachable by means of mobile or electronic messaging device at all times when: 1) Delgado management needs to contact me at all times 24/7 or for emergencies, 2) Delgado management and college personnel need to reach me when away from the office during working hours and, 3) College or State personnel need to reach me outside of working hours.
- I have attached a copy of my personal mobile communications service plan for which I am requesting future reimbursement, and I certify that the mobile or electronic messaging device is in my name and I am solely responsible for complying with any contract entered into with the service provider including but not limited to the payment of all expenses incurred (long distance, roaming fees, taxes, penalties, etc.).
- I have read and agree to the College's [Mobile/Electronic Messaging Device policy](#); I understand I must also adhere to the requirements of the College's [Information Technology Security policy](#) while using the personal mobile or electronic messaging device when performing official business;
- I understand that the above reimbursement will be used toward expenses I incur for mobile/electronic messaging device usage while conducting official business for the College;
- I understand that the monthly reimbursement must not exceed the expenses in maintaining the appropriate service plan;
- I know I am responsible for immediately notifying the Controller's Office regarding any changes to my plan that would affect reimbursement, and if the service plan changes and the reimbursement amount exceeds the service plan, I must return the excess funds within 90 days; and
- I understand that access to the College's electronic resources is a privilege and not a right; therefore, I further understand that the College has the right to require security products to be placed on my personal device in order to protect College assets.
- I further understand that reimbursement for the use of my personal device for College business subjects the device to the requirements of the Louisiana Public Records Law (La. R.S. 44:1, et seq.) and the Louisiana Constitution section regarding Open Meetings and Records (Article X, Section 3).

Employee's Signature

Date

Supervisor's Signature

Date

Approval:

Approved Monthly
Reimbursement
(not to exceed \$40)

\$

Executive Director, Accounting Services/
Associate Controller

Date

Vice Chancellor for Business & Admin. Affairs or Chancellor Date
(Required for Employees Below the Dean or Assistant/Associate VC Level)

For Office Use:

Copies: Employee, Supervisor; Original: Controller's Office