



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES
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DIVISION OF MENTAL HEALTH SERVICES
ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

EFFECTIVE DATE: December 20, 1999

SUBJECT: Administrative Bulletin 4:18
Cellular Telephone Circular

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this Bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.


Alan G. Kaufman
Director

AGK:pjt
Attachment

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN 4:18

December 20, 1999

SUBJECT: CELLULAR TELEPHONE CIRCULAR

I. PURPOSE

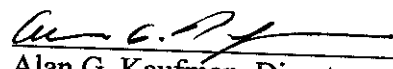
In conjunction with the Department's Cellular Telephone Circular, the policy and procedures for organizations within the Division of Mental Health Services to request authorization to obtain, use or reassign cellular phones.

II. POLICY

- A. The following phone requests will be considered for approval:
1. Group assignments – A sufficient number of phones may be used in a pool type environment for the following justifications:
 - a. Transport of patients;
 - b. On-call employees (Senior Administrator and/or Administrator and/or Medical;
 - c. Safety issues (weather emergencies, utility interruptions, etc.).
 2. Individual assignments can be requested if required for the formal job duties and with compelling justification.
- B. Monthly telephone bills must be reviewed by supervisors to ensure that usage is strictly for State business only.
- C. Cellular phones are to be used when there is no ready access to land phones, conversations should be as brief as possible and for State business only.
- D. Cellular phones are not to be used while driving a car or by any other person except for whom the phone is assigned.
- E. Employees must be prudent in discussing confidential information on a cell phone.
- F. Any misuse of the cellular phone is the responsibility of the employee who has been given official permission for use.

III. PROCEDURES

- A. All cellular phone requests must receive divisional and departmental approval before submission to Treasury for final approval.
- B. All assignments, reassignments and terminations of assignments shall be submitted on Treasury form titled "Cellular Telephone Request" (CTR1) with an attached justification of need. The organization's telephone coordinator signs at the top of CTR1 and the "Department Head Authorization" is reserved for the Commissioner's signature.
- The entire package must be approved and processed from the Chief Executive Officer through the Assistant Director to OFMO for review. OFMO will pass it on to the Division Director for approval and then forward to the Department for their approvals. The Department will then forward to Treasury.
- C. Once approved by Treasury, the Department will arrange for delivery of the cell phone(s).
- D. Supervisors must review monthly phone bills to insure proper usage of the cellular phone. Any unofficial use of the phone must be reimbursed by the employee via a check to the Department of Treasury, State of New Jersey.


Alan G. Kaufman, Director
Division of Mental Health Services

12/20/89
Date

Cellphones

T 10/16

follow

DEPARTMENT OF HUMAN SERVICES

Information Systems

10/4/99

Exec. Staff - FJI

Lafare (Immondino)

DHHS Procedures will be needed

[Signature]

Memorandum

To: Information Systems Circulars Recipients

Through: Lou Marino
Information Systems Director

From: Nancy Tomczak *NT*
Coordinator of I.S. Circulars

Date: October 4, 1999

Re: Information Systems Circular # 99-3: Cellular Telephone Circular

OIC, put ABS IT on this and return for signature
[Signature]

The New Jersey Department of Human Services, Office of Information Systems has issued an Information Systems Circular for the authorization to obtain, use, reassign or terminate use of cellular telephone equipment and line service by The Department of Human Services agencies and their employees.

Please be advised that each recipient of this policy is responsible for being familiar with its content and adhering to its procedure.

Also attached for your I.S.C. Manual is an updated Index.

Attachment: Information Systems Circular # 99-3: Cellular Telephones
Cellular Telephone Request Form
I.S.C. Index

mencell

10/15 note to Donna

DEPARTMENT OF HUMAN SERVICES
OFFICE OF INFORMATION SYSTEMS
Cellular Telephones

I. PURPOSE

To establish policy and procedures for the authorization to obtain, use, reassign or terminate use of cellular telephone equipment and line service through the Department of Treasury.

II. POLICY

- A. Department of Human Services (DHS) employees may be assigned cellular telephones if required for their job duties.
- B. The following cellular telephone requests will be considered for approval:
1. Individual Assignments:
 - a. Commissioner;
 - b. Line managers reporting directly to the Commissioner (excluding staff positions);
 - c. Directors of operating divisions or their designee; and,
 - d. Special requests, on a case-by-case basis with extraordinary justification of need for immediate accessibility.
 2. Group Assignments - a limited number of cellular telephones may be used in a pool arrangement.
 3. Emergency Assignments - for temporary usage as required by emergency circumstances.
- C. Excessive unofficial use of cellular telephone line service may be construed as misuse of the State's resources. Repeated incidents of misuse may result in disciplinary action.
- D. Employees must be aware that other listeners may pick up cellular telephone conversations and must be mindful of discussing confidential information when using a cellular telephone.
- E. Cellular telephones are to be kept in the possession of the employee to whom the cellular telephone has been assigned. Cellular phones shall not be left in vehicles or given to other persons to use.

III. PROCEDURES

- A. All cellular telephone requests must be submitted to the Department for approval. If approved the request shall be submitted to the Department of Treasury by the Office of Information Systems – Telecommunications for final approval.
- B. All assignments, reassignments and terminations of assignments shall be submitted on The Department of Treasury form titled “Cellular Telephone Request” with a complete justification of need. These forms may be obtained from the Office of Information Systems - Telecommunications at the Department of Human Services Central Office. The space for the “Department Head Authorization” is reserved for the Commissioner’s signature. The following people must approve the request.
 1. Level 1
All Divisions - Division Director
Central Office – DHS Assistant Commissioner for Budget, Finance and Administration
 2. Level 2
All Divisions - Division’s Deputy Commissioner
Central Office – Continue onto Level 3
 3. Level 3 – DHS Chief of Staff
 4. Level 4 – DHS Commissioner
 5. Level 5 – Department of Treasury
- C. Once the Level 1 and 2 signatures are secured, the order will be forwarded to Office of Information Systems - Telecommunications. They will submit the request for Level 3 and 4 approval as well as recording and forwarding the request to the Department of Treasury for the Level 5 approval.
- D. Once approved by the Department of Treasury, the Office of Information Systems - Telecommunications will notify the assignee and his/her immediate supervisor, and arrange for delivery of the cellular telephone(s).

IV. RESPONSIBILITIES


- A. Office of Information Systems - Telecommunications:
 1. The Office of Information Systems - Telecommunications shall coordinate implementation of this policy.

B. Division:

1. Each division shall establish policy and procedures ensuring that cellular telephones are only used for State business in cases where there is no ready, safe access to another telephone. These policies and procedures shall also include:
 - a. an internal approval process prior to the Level 1 approval contained in this policy (see Section III B. 1); and
 - b. internal control procedures with a provision for supervisory review of monthly cellular telephone bills.
2. Each Division's Cellular Telephones policies and procedures shall be submitted to the Department of Human Services, Office of Information Systems for approval.

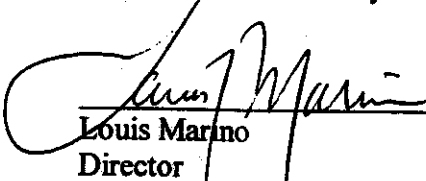
C. Employees:

1. Employees assigned the use of a cellular telephone are responsible for the its proper and safe use. If lost or stolen, the circumstances will be reported to the Office of Information Systems - Telecommunications immediately.
2. Employees shall reimburse the State for any unofficial use of the assigned cellular telephone line service via a check to the Department of Treasury, State of New Jersey.




Pete Sapio
Telecommunications Systems Analyst

9/23/99
Date



Louis Marino
Director

9/23/99
Date



Ginger Schmorbus
Chief of Staff

9/27/99
Date

Attachment: (1) Cellular Telephone Request

CELLULAR TELEPHONE REQUEST

STATE OF NEW JERSEY - DEPT OF TREASURY
GSA - CENTRAL SERVICES
CN - 039
TRENTON, NJ 08625

PROCESSED BY:
DEPT:
GSA:
OTIS:
VENDOR:

CONTROL NUMBER: _____

TYPE OF REQUEST:

NEW EMERGENCY DISCONNECT REASSIGN

DEPARTMENT OF: _____ DIVISION OF: _____ AGENCY: _____

TELECOORDINATOR: _____ SIGNATURE: _____ TELEPHONE: _____

REQUEST FOR: EQUIPMENT: and/or SERVICE: TYPE OF SERVICE: INDIVIDUAL: SHARED:
PORTABLE: YES NO If NO supply vehicle info: OTHER CELLULAR PHONES ASSIGNED TO THIS USER? YES NO
VEHICLE PLATE NUMBER: _____ IF YES, LIST OTHER NUMBERS BELOW: _____

ACCOUNT NUMBER for EQUIPMENT purchase: _____ ACCOUNT NUMBER to be charged for SERVICE: _____

PRIMARY USER: _____ TELEPHONE: _____ TITLE: _____

AREA OF USAGE: (Primary / Secondary)
LIST COUNTIES WHERE YOUR CALLS WILL ORIGINATE: (Primary) _____
(Secondary) _____
LIST COUNTIES IN WHICH YOU WILL RECEIVE CALLS: (Primary) _____
(Secondary) _____

ANTICIPATED USAGE, NUMBER OF CALLS PER MONTH: INCOMING: _____ OUTGOING: _____
REQUESTED DELIVERY DATE FOR EQUIPMENT/SERVICE: _____

JUSTIFICATION: (PLEASE ATTACH MEMO OF JUSTIFICATION if more space required)

DEPARTMENT HEAD AUTHORIZATION: _____ DATE: _____

GSA - INFORMATION - to be completed by GSA
GSA APPROVED: YES NO GSA AUTHORIZATION: _____ DATE: _____

OTIS - INFORMATION - to be completed by OTIS CELLULAR NUMBER/S ASSIGNED: _____
OTIS APPROVED: YES NO APPROVED BY: _____ DATE: _____

SERVICE PLAN ASSIGNED: _____ MONTHLY ACCESS COST: _____
SERVICE VENDOR: _____ EQUIPMENT VENDOR: _____