

## UAM OPERATING PROCEDURE 250.5

### TABLET PC DEVICES

#### Policy Statement

The Apple iPad and similar devices are a line of tablet computers designed, developed and marketed as a platform for audio-visual media including books, periodicals, movies, music, games, and web content. These devices have potential utility in the UAM workplace. This Policy is designed to facilitate the purchase of this device as well as uphold compliance with University Policy and use of University funds.

#### Policy

A tablet PC (iPad or similar device) may be requested by employees whose official duties are such that the use of the device significantly enhances the performance of the official duties of that faculty or staff member.

The purchase of a tablet PC device requires the approval of the requesting employee's immediate supervisor and supervising Executive Council member. Approval of a tablet PC device purchase will be on a case-by-case basis depending on the employee's intended use and business purpose.

Employees requesting a tablet PC device are responsible for completing the Tablet PC Approval Form and obtaining appropriate levels of approval. Once the purchase has been approved, a requisition must be completed and the Tablet PC Approval Form sent to the Director of Procurement Services. **P-Cards may not be used to purchase a tablet PC device.**

Employees will be responsible for maintaining a personal account for downloading applications and other software (for example, a personal iTunes account). Purchases of applications with a valid business purpose can be submitted using form TR-1. Additional justification may be required if the business purpose is unclear. A P-Card may not be used for the purchase of applications.

#### Data Plan

Due to the widespread availability of wi-fi coverage, data plans will be purchased only on an exceptional basis and must be approved by the employee's immediate supervisor and supervising Executive Council member. The need for a University paid data plan must be accompanied by a strong business justification.

University approved subscription to a data plan will be added to the UAM's AT&T account. The department requesting and using the data plan will maintain financial responsibility.

## **User Responsibilities**

1. Employees must adhere to the UAM Computer Usage Policy (UAM Operating Procedure 250.3) available at <http://uam-web2.uamont.edu/pdfs/it/computer%20usage%20policy.pdf>
2. Devices must be returned, and any outstanding charges paid upon an employee's separation from the University.
3. In the case of a lost or stolen device, immediately notify the Director of Procurement Services (870-460-1140) so that it is documented, and replacement equipment ordered.
4. Employees must adhere to current Motor Vehicle law that makes using a hand-held communication device illegal while driving a motor vehicle; use of a hand-held communication device includes, but is not limited to, talking or listening to another person, texting or sending and receiving electronic messages.

*Revised: January 27, 2020  
October 14, 2011*

**Tablet PC Device Approval Form**

**All requests require departmental review and approval. Purchasing will review each request for business justification and departmental approval. Complete a separate form for each device requested and send to the Purchasing Office located in Babin Business Center, Room 205. Please type or print legibly all required information. Any questions pertaining to the completion of this form should be directed to the buyer within the Purchasing Office.**

**REQUESTOR INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you requesting a data plan? \_\_\_\_\_ Y \_\_\_ N

Business justification for data plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this form, the requestor acknowledges that they are responsible for complying with applicable university guidelines and returning the phone and paying any reimbursements upon separation/termination from the university.**

Approving supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of supervisor (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Approving Executive Council Member: \_\_\_\_\_ Date: \_\_\_\_\_