



## State of New Jersey

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
POST OFFICE BOX 340  
TRENTON, NEW JERSEY 08625-0340

JON S. CORZINE  
*Governor*  
*Commander-in-Chief*

☆☆  
GLENN K. RIETH  
*Major General*  
*The Adjutant General*

**DEPARTMENTAL DIRECTIVE**  
**NO. 105.6\***

**9 March 2009**

### ASSIGNMENT AND USE OF WIRELESS COMMUNICATION DEVICES

1. **PURPOSE:** This Directive establishes the policies and procedures for the assignment, reassignment, use, and termination of use for all wireless devices (i.e. cellular telephone equipment, cellular line service, blackberries, and PDA equipment).
2. **REFERENCE:** Department of Treasury, Circular Letter 04-06-OIT, dated 01-12-2004.
3. **POLICY:**
  - a. Department of Military and Veterans Affairs State employees may be assigned a wireless communications device, if required for their job duties.
  - b. Cellular phones will be issued to the following:
    - (1) Commissioner, DCVA, Directors, and Chief Executive Officers (CEO).
    - (2) Other DMAVA employees on a case-by-case basis with specific justification of need for immediate accessibility.
  - c. Blackberries may be issued to the Commissioner, Directors and CEOs. In specific instances, approval may be for a Blackberry/cellular telephone combination.
  - d. Other PDA's will be approved on a case-by-case basis. Written justification of need must accompany a request.
  - e. Multiple devices are not authorized. Exception to policy requests will be forwarded to the Director, Joint Staff for review and approval.

*\*Supersedes Dept Dir 105.6 dated 15 July 2005*

f. All requests for State wireless device authorization shall include the NCFS account billing information annotated on the CTR-1 form. Division Directors and CEOs shall ensure sufficient funding is available to support the request.

**3. POLICY IMPLEMENTATION:**

a. The Information and Administrative Services Division-Information Services Bureau (IASD-ISB) shall coordinate Department-wide implementation of this policy.

b. Each division shall ensure that cellular telephones are only used for state and/or federal business in cases where there is no ready, safe access to another telephone.

**4. APPROVAL RESPONSIBILITY:** The Director, Joint Staff will approve all departmental wireless device requests for State employees.

**5. USER RESPONSIBILITY:**

a. Employees assigned the use of a cellular telephone and wireless equipment are responsible for its proper and safe use. If the telephone assigned is lost or stolen, the circumstances must be reported immediately to the IASD-ISB-Telecommunications.

b. Cellular telephones and wireless equipment 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 for their use. Wireless devices will not be used while operating State vehicles unless by means of a hands-free device.

c. Employees shall reimburse the State for any unofficial use of the assigned cellular telephone line service via a check to the Treasurer, State of New Jersey with three percent sales tax included.

d. Employees are responsible for replacing damaged, broken or lost equipment.

**6. PROCEDURES:**

a. **REQUESTS:** All requests by State employees for wireless devices must be submitted to the Director, Joint Staff for approval. If approved, State requests shall be forwarded to IASD-ISB-Telecom. Approved cellular telephone requests shall be forwarded by IASD-ISB to the New Jersey Department of Treasury-OIT for action.

(1) Note: All requests by Federal employees for wireless equipment must be submitted to the CofS-Army or the CofS-Air for approval. All federal requests shall be processed IAW established DOD policies and regulations.

(2) All state requests for assignments, reassignments, and terminations must be submitted on The Department of Treasury Form CTR1 (Cellular Wireless Device Request) with a letter of justification from the appropriate Division Director or CEO attached. The space for "Approved by" is reserved for the Director, Joint Staff signature. See attached sample form CTR1 Cellular Wireless Device Request (Encl 1) for instructions on form completion.

b. ISSUE: Once approved, IASD-ISB will notify the assignee and his/her immediate supervisor, and arrange for delivery of the wireless device. All equipment issues will be accomplished by means of a DA Form 2062 (Hand Receipt). All DA Form 2062's (sample attached) must be signed by the person accepting the equipment. All wireless equipment issued to Department personnel on Hand Receipt will also be recorded on the State IT equipment inventory at the time of issue.

c. MAINTENANCE: All maintenance and repair of wireless equipment and/or service will be coordinated through the IASD-ISB-Telecom section. Requests for assistance shall be reported to the Telecom Services Help Desk at 609-530-6931.

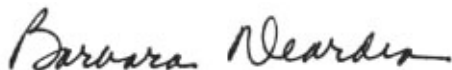
d. TURN-IN: Personnel who are reassigned or who terminate employment with the Department must turn-in all wireless equipment and related accessories to the IASD-ISB-Telecom section prior to their reassignment or departure. All equipment turn-in(s) will be accomplished by means of the DA Form 2062 (Hand Receipt) and annotated to the State IT inventory at the time of turn-in.

(IASD)

The proponent of this Directive is the Information and Administrative Services Division-Information Services Bureau. Users are invited to submit comments and suggested improvements directly to NJDMAVA, ATTN: IASD-ISB-Telecom, PO Box 340, Trenton, NJ 08635-0340

OFFICIAL:

GLENN K. RIETH  
Major General, NJARNG  
The Adjutant General



*for* DAVID S. SNEDEKER  
Chief Information Officer  
Director, Information and Administrative Services Division

DISTRIBUTION: A, A1, A2, B, C, D, E, F

<b>CELLULAR WIRELESS DEVICE REQUEST</b> STATE OF NEW JERSEY OFFICE OF INFORMATION AND TECHNOLOGY		OIT CONTROL NUMBER
		AGENCY CONTROL NUMBER
DEPARTMENT: DMAVA		DIVISION:
AGENCY: TELECOM		DATE: 1/4/2005
COORDINATOR: SOPHIE GUZIKOWSKI		TELEPHONE NO: 609-530-6925
APPROVED BY:		DATE: 1/4/2005
ACTIVITY:  NEW <input type="checkbox"/> AREA CODE DISCONNECT <input type="checkbox"/> NUMBER SUSPEND <input type="checkbox"/> NUMBER UPGRADE EQUIPMENT <input type="checkbox"/> NUMBER BILLING ACCOUNT CHG <input type="checkbox"/> NUMBER VENDOR CHANGE <input type="checkbox"/> NUMBER  BLACKBERRY SERVER NAME BLACKBERRY SERVER SEAT NUMBER:  OTHER <input type="checkbox"/> EXPLAIN		SHIP TO:
USER:		TELEPHONE BILLING ACCOUNT NUMBER: 100-3600-032-3110
VENDOR:		PO #:
EQUIPMENT REQUESTED AND ASSOCIATED COST:		FOR OIT USE ONLY PLAN:
		SUBMITTED BY:
		DUE DATE:

CTRI FORM  
Revised 11/21/2003

*NCFS Account Information must be entered*

### Instructions for Completion of DA 2062

Enter recipients name / office

Enter hand receipt no.

<b>HAND RECEIPT/ANNEX NUMBER</b> <small>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.</small>		FROM: FIASD-ISB-TS	TO: Recipients Name / Office Symbol	HAND RECEIPT NUMBER 001										
<small>FOR ANNEX/CR ONLY</small>	END ITEM STOCK NUMBER	END ITEM DESCRIPTION	PUBLICATION NUMBER	PUBLICATION DATE	QUANTITY									
STOCK NUMBER <i>a.</i>	ITEM DESCRIPTION <i>b.</i>		* <i>c.</i>	SEC <i>d.</i>	UI <i>e.</i>	QTY AUTH <i>f.</i>	g. QUANTITY							
National Stock No.#	Item Description / Make / Model / Serial Number				EA		1							
(if necessary)	(include additional items as necessary)													
* WHEN USED AS A:		HAND RECEIPT, enter Hand Receipt Annex Number		HAND RECEIPT FOR QUARTERS FURNITURE, enter Condition Codes		HAND RECEIPT ANNEX/COMPONENTS RECEIPT, enter Accounting Requirements Code (ARC).		PAGE 1 OF 1 PAGES						

Enter National Stock Number (NSN)

Enter unit of issue

Enter quantity

Enter item description, make, model, serial no., etc...

\*Please note recipient is required to sign and date the DA 2062 in the column where the quantity of issue is indicated