

Office of the State Public Defender Administrative Policies

Subject: Mobile Devices and Services	Policy No.: 225
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1. POLICY

The Office of the State Public Defender supports and encourages the use of personal mobile devices for employees who use these devices to enhance productivity or who are required to use a mobile device in conjunction with their job duties. Using a personal mobile device is cost-effective and, through the use of Mobile Device Management (MDM), effectively secures State data and resources at the same time. Users are responsible for securing their personal mobile device so that others cannot use it inappropriately to access State data. MDM is required on all mobile devices that access State email.

2. REQUIREMENTS FOR ISSUING A STATE DEVICE

State mobile hot spots shall be issued on a case by case basis with the approval of the division administrator or designee. State-owned cell phones will not be issued. The employee will be required to sign the Mobile Device Management User Agreement required by the Department of Administration (Attachment A).

3. REQUIREMENTS FOR REIMBURSEMENT OF PRIVATE DEVICE COSTS

If a private device is used for business purposes a reimbursement request may be made per Attachment A, and the employee will be required to sign the Mobile Device Management User Agreement.

4. CROSS REFERENCE GUIDE

The use of mobile devices for state government work is also governed by the following policies and laws: [Electronic Mail](#), [Information Security](#), and [Social Media](#) found on the MOM website at <http://mom.mt.gov>; and [2-15-114](#) and [2-17-534](#), MCA. For a definition of a mobile device, refer to the [Enterprise Mobile Device Management Policy - Section VI Definitions Mobile Device Management \(MDM\)](#).

5. CLOSING

This policy shall be followed unless it conflicts with negotiated labor contracts or specific statutes, which shall take precedence to the extent applicable.

Questions about this policy can be directed to your supervisor or to:

Office of the State Public Defender, Central Services Division
44 West Park
Butte, MT 59701
(406) 496-6080

Mobile Device User Agreement and Reimbursement Request

Department of Administration

Mobile Device Management User Agreement

This User Agreement covers the use of all mobile devices that interact with State of Montana information technology resources. For a definition of a mobile device or to find out more information about the Enterprise Mobile Device Management (MDM) service, go to the Service Catalog located on the MINE Portal.

Users utilizing an MDM-enrolled device acknowledge and agree:

1. The OPD Information Technology Division may remove State of Montana data from my enrolled mobile device, **STATE OR PERSONAL**, without any notification, resulting in loss of all State of Montana data on the enrolled mobile device. Devices enrolled as "Bring Your Own Device" (BYOD) will only experience data removal exclusive to of State of Montana data. Fully enrolled devices may be set back to factory default settings. Agency MDM information Technology Administrators shall make a reasonable effort to contact the appropriate agency personnel to inform them of the data removal and reasons for the data removal in a timely manner. Some of the common reasons to remove State data from a mobile device are listed below:
 - a. If the mobile device is suspected of being compromised and poses a threat to the State.
 - b. If the mobile device user violates State policies or statutes concerning the use of the mobile device.
 - c. If a technical issue arises requiring the mobile device to be wiped to resolve.
 - d. If the owner of the mobile device resigns, is terminated, or suspended with/without pay.
2. During the initial enrollment with the AirWatch Mobile Device Management (MDM) infrastructure, default Security Profiles must be pushed to my enrolled mobile device. Security Profiles are meant to protect and secure the State's information on my mobile device. BYOD profiles are minimal and intended to only protect State data. No personal private information is collected with BYOD enrollment.
3. The Security Profiles may change as they are periodically reviewed. Agency MDM Information Technology Administrators shall attempt to inform customers before any changes, but in the case of an emergency change, this contact may not be possible.
4. If I lose my mobile device configured to connect to State of Montana Information Technology Resources, I shall take the actions listed below as soon as possible, but no later than 24 hours from losing my managed mobile device:
 - a. Contact my Security Officer and Agency MDM Support to report the loss.
 - b. Contact the cellular company that provides my service and have the mobile device deactivated.
 - c. Change my Active Directory password, which is the password associated with my C# allowing me access to the State network.
5. Support of the mobile device is provided by my mobile device provider.
6. The use of mobile devices for state government work is also governed by the following policies and laws, [Electronic Mail](#); [Information Security](#); and [Social Media](#) found on the MOM website at <http://mom.mt.gov> ; and § [2-15-114](#), MCA and § [2-17-534](#), MCA.

7. **All network activity conducted while doing State business and being conducted with State resources is the property of the State of Montana; and, the State reserves the right to monitor and log all network activity including email, text messages, Twitter messages, Internet use, and all other social media, with or without notice. Therefore, I have no expectations of privacy in the use of these resources and the content of the messages sent using these resources. This does not apply to devices enrolled as BYOD, typically employee owned, that do not connect to the State of Montana Network.**

By signing this agreement, I acknowledge that I have been made aware of and understand the appropriate uses of managed mobile devices with the State of Montana Exchange infrastructure and I have reviewed the MANAGED MOBILE DEVICE EMAIL SECURITY CONFIGURATION document associated with this service. I also acknowledge that I have read and understand the policies and laws referenced in this agreement and agree to comply with these policies and laws.

MOBILE EMAIL USER

Signature: _____ Date: _____ (MM/DD/YYYY)

Print Name: _____

AGENCY SECURITY OFFICER

Signature: _____ Date: _____ (MM/DD/YYYY)

Print Name: _____

The information above may not be altered in any way.

Agency Personnel are responsible for storing this form while the end-user is employed with the State of Montana.

Request for Monthly Reimbursement, Personal Mobile Device

If an employee is required to carry or authorized to use their personal mobile device to enhance productivity, the employee may be reimbursed \$25 per month. Employees may not request enrollment in MDM for reasons of convenience since there is a cost associated with MDM enrollment.

Recurring monthly reimbursements are set up to align with the fiscal year. Management reserves the right to adjust these reimbursement amounts at their discretion due to change in usage, position, etc.

Monthly Reimbursement Requested:

- \$25 – Voice, Text, and Data/Email (subject to applicable local, state, and federal taxes)
- \$0 – AVAYA Equinox App is approved for a personal cellular device, with no reimbursement.
- \$0 – MDM enrollment is approved for a personal cellular device, with no reimbursement.

To assist in the installation of MDM, let us know what type of device you will be using:

Platform/Mobile Operating System	Device Ownership
<input type="checkbox"/> iOS (Apple Products) <input type="checkbox"/> Android <input type="checkbox"/> Windows	<input type="checkbox"/> Personal <input type="checkbox"/> State-Owned Hot Spot Phone Number: _____

USER/EMPLOYEE

Signature _____ Date _____

Print Name _____ Employee ID _____

Office Location _____ Division _____

SUPERVISOR

Signature _____ Date _____

Print Name _____

BUSINESS NEED/JUSTIFICATION FOR EXPENSE

CENTRAL SERVICES DIVISION APPROVAL

Signature _____ Date _____

Print Name _____

ACCOUNTING

Org/Fund/Sub Class to Charge for Monthly Recurring Expense _____

Reimbursement Approval Through _____ Date _____

Entered by _____

Notes:
