



Cell Phones and Other Mobile Devices Stipend, Restrictions on Use, and Terms and Conditions

Section 1: Employment Information

Employee Name, Employee ID, Employee Email, Office Phone, Cell Carrier, Cell Number, Department Name, Supervisor

Section 2: Cell Phone Allowance Request (Stipends are set up for one calendar year and must be renewed each December)

Stipend options: New Stipend, Stipend Adjustment, Stipend Renewal, Stipend Termination. Tiers I-IV with monthly/yearly amounts and business use percentages.

Section 3: Justification (check all that apply)

Justification checkboxes: Safety, Essential personnel, Required to be contacted on a regular basis, Critical decision maker, Required to be on call, Frequent mobility-job requires considerable time outside of office

Section 4: Funding Source

Account code: Fund, Department, Program, WSC Project

Section 5: Employee Terms and Conditions Review

Cell Phone & Mobile Device Procedure

I have read and agree to comply with the terms and conditions. My signature below signifies that I will be incurring business cell phone expenses on my personal cell phone that equal or exceed the stipend amount indicated. I understand the stipend is taxable.

Employee Signature, Date

Section 6: Department Approval

I agree this stipend is required to cover expenditures due to business related usage of the employee's personal cell phone.

Supervisor Name (Print), Supervisor Signature, Date

Budget Manager (Print), Signature, Date

Department/Division Administrator (Print), Signature, Date

Section 7: Finance / Payroll office

I approve this stipend to be set up through payroll beginning \_\_\_\_\_ and ending December 31, 20\_\_\_\_

Signature, Date, Add pay entered ppe: