

MOBILE COMMUNICATION DEVICE STIPEND AUTHORIZATION FORM (Addendum A)

New or Renewal Plan
 Change Plan
 Terminate Plan
 Date: _____

USER INFORMATION			
Employee LAST Name:	Employee FIRST Name, MI:	WIU ID:	
Employee Title:	Employee Telephone Number:	Employee Email:	
Department:		Address:	
Supervisor:	Supervisor Telephone Number:	Mobile Device Number:	
STIPEND COMPENSATION			
Department:	Account:	Stipend Start Date:	Stipend End Date:
MONTHLY STIPEND PLAN	JOB DUTIES		
<input type="radio"/> Tier 1: \$25, 10+ Business Hours Week* <input checked="" type="radio"/> Tier 2: \$50, 20+ Business Hours Week* Tier 1 and 2 include data, voice and text messaging. *Indicates number of business hours using personal device weekly. <input type="radio"/> Other: (Amount:)	<input type="radio"/> Senior Level Employee Employee who must be available 24/7 <input type="radio"/> Safety Requirement/First Responder <input type="radio"/> Job Function Requires regular accessibility or on-call outside normal working hours.		
STIPEND JUSTIFICATION <small>(Brief Description of Job Duties)</small>			
SIGNATURES			
I certify that the above stipend will be used toward expenses that I incur for Mobile Communication Voice and/or Data Service Usage for business purposes. I further certify that should business usage significantly decline I will notify my supervisor in writing as soon as practicable. I understand that this allowance will be additional gross pay that could be taxable. I further understand that the State or University is not responsible for the interoperability of my equipment with State resources and I am personally responsible for all expenses that I incur or commit to with the Mobile Communication Voice and/or Data service provider of my choice. I understand that I will be responsible for my device purchase and will not be reimbursed for any amount of device purchase.			
Employee:	Date:	Supervisor:	Date:
Dept. Chair/Director/Dean:	Date:	Vice President:	Date:
Vice President for Finance and Administration:	Date:	Grant Accounting (As Required):	Date:
uTech Telecommunications:	Date:	Forward Completed Form to University Technology Telecommunications along with a Current Copy of Your Complete Mobile Device Bill. Form will not be processed until all signatures/documentation are received	