



TYPE OF ACTION :

Begin Plan Participation

EFFECTIVE DATE OF ACTION (MM/YYYY): _____

| | | |
|--------------------------|--------------------------|--|
| Employee FIRST Name, MI: | Employee LAST Name: | PID: |
| Employee Title: | Position #: | <input type="checkbox"/> EHRA <input type="checkbox"/> SHRA |
| Dept/Unit: | College/School/Division: | Dept. No: |
| Supervisor Name: | Supervisor Email: | Phone #: |
| HR Representative Name: | HR Representative Email: | Phone #: |

Employee-owned Mobile Device (*complete stipend boxes below*) PHONE #: _____

STIPEND PLAN (Check one):

Voice: \$35/month
 Data: \$35/month
 Voice + Data: \$70/month

Chartfield String:
Fund: _____ Source: _____ Account: 517120 Dept: _____
Program: _____

JUSTIFICATION (Check one):

Senior-level employee
 Employee who must be available **24/7**
 Employee who is primarily in **travel status** or "**in the field**" a significant amount of the time
Other: (Attach additional information to justify this request)

SIGNATURES:

I have read 1269-Mobile Device Stipend Policy and certify that I understand the eligibility and usage requirements of the Mobile Device procedures and agree to comply with all conditions of, and responsibilities for, participation in this plan. This form has been completed fully and accurately to the best of my knowledge.

Employee Signature: _____ Date: _____
Signature of Supervisor: _____ Date: _____
Executive Director/Next-Level Supervisor: _____ Date: _____

- Employees paid monthly receive the stipend in each monthly payroll check.
- Employees paid biweekly receive the stipend in the second biweekly payroll check of the month.

Submit **Mobile Device Stipend Justification Form** to HR Representative