



**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