

Sr. Admin. Name (print)

Mobile Communications Equipment and Related Services Request for Stipend

In accordance with University Policy 9.4.9 Procedures for Acquisition of Mobile Communications Equipment and Related Services for University Business, monthly stipends can be provided to employees who meet the eligibility requirements and obtain the required approvals. In signing this form, you are acknowledging that you have read and agree to the terms of Policy 9.4.9 - Procedures for Acquisition of Mobile Communications Equipment and Related Services for University Business. The following steps must be completed to initiate the payment of a stipend.

- 1. Completion of this form with approvals by employee's supervisor, Fiscal Agent, and Sr. Administrator (President, VP, or Athletic Director).
- 2. Forward completed form to Human Resources at the address listed at the bottom of this form.
- 3. HR will process the request as an additional pay (stipend) to the employee's last paycheck of each month.

(**Note: This form is only to be used to request a new stipend or adjust and existing stipend. Employing units should use the Mobile Communication Stipend Cancellation form to request the termination of a stipend)

COMPLETE FORM BELOW (all fields required)

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*Check option that applies to this request	New Stipend Request	Change to existing stipend payment
Date of Request		
Name of Employee	Employee 9 digit L	JID
Employee email	Name of immediate supervis	sor
Name of Fiscal Agent (if different than supervisor)	
Name of Senior Administrator (President, VP, or A	thlatic Director)	
Name of Requestor (if different than employee/s	upervisor)	
Is the employee receiving the Mobile Device Stipe	end an annuitant of the State Uni	versities Retirement System (SURS)?
The annual, per employee, stipend amount is lin Up to \$500 per year for mobile communication Up to \$500 per year for Internet Service Plan Up to \$900 per year for both mobile communication NOTE 1: Requests received by HR after the 10th of the	ns equipment and any related service only; or cations equipment (including related s	
	nnual/Monthly Earnings Limitation as spe of the SURS annuitant's Highest Annual L	mmunication Stipend Cancelation notice to HR. cified on the annuitant's SURS Certification of Retirement farnings prior to retirement calculation in determining
Effective start date () for stipend		Annual Stipend Desired Calculated Monthly Est.
Annual amount requested for mobile communica	tion equipment and related serv	ce plan (max \$500)
Annual amount requested for Internet Service Pla	an (max \$500)	
Total annual amount for all stipends (max \$900	combined)	
Department (for employee)		
Datatel Account Number to charge		
	Required Signatures	
In Signing this form below, you are acknowledging that you have read and ag	ree to the terms of Policy 9.4.9 - Procedures for Acquis	ition of Mobile Communications Equipment and Related Services for University Business
Employee (print)	Signature	Date
Supervisor Name (print)	Signature	Date
Fiscal Agent Name (print)	Signature	Date

Send completed form to: Human Resources

Date