



# WILLIAM & MARY

CHARTERED 1693

## WIRELESS COMMUNICATION DEVICE EMPLOYEE STIPEND REQUEST FORM

### Instructions for Departmental Contacts:

1. Complete this form and provide a copy to the employee; maintain a fully approved copy in the department files.
2. Email fully approved form to the Office of Human Resources at [askHR@wm.edu](mailto:askHR@wm.edu) for processing.
3. Allowances will NOT be processed retroactively.

### Section 1: Employee Information

Employee Name (printed): \_\_\_\_\_

Employee Banner ID#: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Department Name: \_\_\_\_\_

### Section 2: Employee Classification

- Monthly allowance Before taxes:
- \$45/month allowance, heavy data, voice and text
  - \$30/month allowance, moderate data, voice and text
  - \$15/month allowance, data not necessary, voice and text only
  - FOR TEMPORARY USE, WHEN APPROVED, DURING STATE OF EMERGENCY**

[\(See Employee-Owned Wireless Communication Devices Procedure\)](#)

### Section 3: Justification (check one or more)

- Essential personnel responding to emergencies
- Frequent access to workplace required after normal business hours
- Job function requires home or off-campus access to the Internet or university data services
- Other (please provide justification): \_\_\_\_\_

### Section 4: Stipend Effective Date

Begin Date: \_\_\_\_\_

### Section 5: Allowance End Date

End Date: \_\_\_\_\_

- Change in position requirements
- Separation from Institution

### Section 5: Employee Certification

I certify that I have read the Wireless Communication Device Policy and Procedures for Employee-Owned Wireless Communication Devices and will use the funds requested toward the business use designated above. I will promptly report any changes in the level of those business expenses to my supervisor. I agree to secure voice and/or data services through the service provider of my choice and will in no way obligate the university for such service.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Section 6: Approval

I certify that the requested compensation is the most cost effective choice for this employee to cover work-related expenditures for voice and/or data services.

Note - if at any point during the employment period there is no longer a business need for an allowance, it is the responsibility of the supervisor to terminate the allowance by informing the Agency Head or Designee.

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Department Head Signature/Date

\_\_\_\_\_  
Dean of VP Signature/Date

\_\_\_\_\_  
Human Resources Review/Date