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| **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.

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| **Section 1: Employee Information** | | | | |
| Employee Name (printed): |  | | |
| Employee Banner ID#: |  | Mobile Number: |  |
| Department Name: |  |  |

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| Section 2: Employee Classification |

Monthly allowance  $45/month allowance, heavy data, voice and text

Before taxes:  $30/month allowance, moderate data, voice and text

$15/month allowance, data not necessary, voice and text only

([See Employee-Owned Wireless Communication Devices Procedure](http://www.wm.edu/offices/procurement/procurement_processes/required_preferred_purchases/cell_phones/Cell%20Phone%20Stipend%20Process/Documents/wirelesscommunicationpolicyandprocedures.docx))

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| **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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section 4: Stipend Effective Date** | | **Section 5: Allowance End Date** | | | | |
| Begin 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 | | |