

COMMUNICATIONS STIPEND REQUEST

A. Employee Information

Employee Name:

Empl ID:

Position:

Department:

By signing this request, I acknowledge I have read and understand the Wireless Communications Equipment and Services Policy, PS 05.A.21.

Employee Signature

Date

B. Reason for the Request

- Employee is key for critical need situations requiring 24/7 contact
- Employee is not normally present at a regularly assigned work station
- Employee makes frequent and or prolonged business travel
- Other reason:

C. Benefit to the University

Local Funding Source:

Department Head Signature

Date

Division Head Signature

Date