

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. Type of Request

- Wireless Communication Device
- One-Time Equipment Stipend
- One-Time Service Contract Cancellation Stipend

C. 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:

D. Benefit to the University

E. Department Head Approval

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Wireless Communication Device | <input type="radio"/> Approved | <input type="radio"/> Denied/Revoked |
| <input type="checkbox"/> One-Time Equipment Stipend | <input type="radio"/> Approved for: \$ <input type="text"/> | <input type="radio"/> Denied/Revoked |
| <input type="checkbox"/> Service Contract Cancellation Stipend | <input type="radio"/> Approved for: \$ <input type="text"/> | <input type="radio"/> Denied |

Local Funding Source:

Department Head Signature

Date

F. Division Head Approval

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Wireless Communication Device | <input type="radio"/> Approved | <input type="radio"/> Denied/Revoked |
| <input type="checkbox"/> One-Time Equipment Stipend | <input type="radio"/> Approved for: \$ <input type="text"/> | <input type="radio"/> Denied/Revoked |
| <input type="checkbox"/> Service Contract Cancellation Stipend | <input type="radio"/> Approved for: \$ <input type="text"/> | <input type="radio"/> Denied |

Division Head Signature

Date