

# Cell Phone Stipend Form

*Please mail completed form to Human Resources for final review/approval.*

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

New Application

Revision

Name of Phone User: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Organization Code and Name: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

**Please explain how the use of a university funded phone will enhance your work efficiency and productivity:**

<p><b>Phone Type</b></p> <p><input type="checkbox"/> Voice</p> <p><input type="checkbox"/> Voice &amp; Data</p> <p><b>Need Type</b></p> <p><input type="checkbox"/> VP</p> <p><input type="checkbox"/> On Call</p> <p><input type="checkbox"/> For efficiency and productivity</p>
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**If the phone type requested is a data phone, please specifically explain why your university related responsibilities and/or activities require the requested device:**

*Wireless or cellular equipment are not to be used when operating a motor vehicle.*

*If initiating or responding to a call, the driver will leave the road and safely park the vehicle.*

Applicant: \_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature

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

Supervisor: \_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature

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

Division VP: \_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature

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

**Official Use Only**

Due Now: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Quarterly Amount: \_\_\_\_\_