

Clemson University Personal Communication Stipend Request Form

Employee ID: _____ Employee Name: _____

Department # and name: _____ Job Title: _____

Mobile Phone Number for Stipend Request (including area code): _____

Full Acct Number to be charged: _____

Allowance Start Date: _____ Allowance End Date _____

Check the box next to the Tier of Service desired:

	Tier of Service	Voice Stipend	Data Stipend	Total Combined Stipend
<input type="checkbox"/>	Tier 1	\$25	\$30	\$55
<input type="checkbox"/>	Tier 2	\$38	\$30	\$68
<input type="checkbox"/>	Tier 3	\$50	\$30	\$80

Justification for Cell Phone (Specify):

- The job function of the employee requires them to be outside of their assigned office or work area 50% or more *and* an immediate response is required
- The job function of the employee requires them to be accessible (on-call) outside of scheduled or normal working hours.
- The employee is a critical university decision maker who needs to be immediately accessible.
- Efficiency and productivity gains more than cover the cost of the plan (business case will be required prior to assignment).
- Other reason (Further justification must be supplied. Use the back of this form or additional pages as necessary).

Employee Certification:

I certify that the above allowance will be used toward expenses I incur for cell phone usage as described above. In exchange for the supplement being paid to me by Clemson, I hereby agree that appropriate CU staff may have access to my PDA/cell phone for the purpose of reviewing or recovering Clemson University data. If an employee is on an extended leave, the department might consider temporarily discontinuing the stipend.

Employee _____ Date: _____

Approved by: Manager/Supervisor _____ Date: _____

Approved by: Dean, Director, or VP _____ Date: _____

Approved forms must have signatures and be forwarded to the budget center for payroll entry and retention.
Entry should not occur if signatures are not on form.