



## Mobile Communication Device Stipend Authorization Form

**TYPE OF ACTION** (Check One): \_\_\_\_\_

- Begin** Plan Participation       **Continue** Plan Participation  
 **Change** Plan Participation       **Terminate** Plan Participation

EFFECTIVE DATE OF ACTION (MM/YYYY): \_\_\_\_\_

USER INFORMATION		
Employee FIRST Name, MI:	Employee LAST Name:	Banner ID:
Employee Title:	Employee Phone Number:	<input type="checkbox"/> EHRA <input type="checkbox"/> SHRA
Department/Unit:	College/School/Division:	
Supervisor Name:	Supervisor Email:	Supervisor Phone Number:

**CATEGORY**

Complete applicable boxes below:

<p>STIPEND PLAN (Check one):</p> <p> <input type="checkbox"/> Voice:            \$35 /month  <input type="checkbox"/> Data:             \$35/month  <input type="checkbox"/> Voice + Data:   \$70/month         </p> <p>Depart Fund Number/Acct to Charge: <u>Default to home fund</u></p> <p>CELL PHONE #: _____</p>	<p>Justification for MCD Stipend (Check all that apply):</p> <p> <input type="checkbox"/> Senior-level employee  <input type="checkbox"/> Employee who must be available 24/7  <input type="checkbox"/> Safety requirements / emergency first responder  <input type="checkbox"/> Employee who is primarily in travel status or in the field a significant amount of the time  <input type="checkbox"/> Job function requires regular accessibility or on-call outside of normal working hours  <input type="checkbox"/> Other (describe): _____         </p>
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**SIGNATURES**

I certify that the above stipend will be used toward expenses that I incur for Mobile Communication Voice and/or Data service usage for business purposes. I further certify that should business usage significantly decline, I will notify my supervisor in writing as soon as practicable. I understand that this allowance will be additional gross pay that is taxable and tax will be withheld for Federal Tax, FICA Tax and NC (state) Tax. I further understand that the state is not responsible for the interoperability of my equipment with state resources and I am personally responsible for all expenses that I incur or commit to with the Mobile Communication Voice and/or Data service provider. I recognize that my personal mobile communication device records could be subject to North Carolina Public Records Law.

Employee Signature:	Employee Printed Name:	Date:
Supervisor Signature:	Supervisor Printed Name:	Date:
Department Chair/Director/Dean Signature:	Department Chair/Director/Dean Printed Name:	Date:
Vice Chancellor Signature:	Vice Chancellor Printed Name:	Date:

**FORWARD COMPLETED FORM TO ASSISTANT CONTROLLER – FINANCIAL OPERATIONS CPO #1423 PRIOR TO THE MONTHLY MOBILE COMMUNICATION DEVICE STIPEND FORM DEADLINE**