

Cellular/Mobile Device

EARN CODE: MBL

Reason: \_\_\_ **Phone Non Taxable** or \_\_\_ **Data Plan Non Taxable**

**Employee Information**

Begin Date: \_\_\_\_\_ End Date \_\_\_\_\_

Employee ID: \_\_\_\_\_ Employee Pay Group: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Employee Department: \_\_\_\_\_

Position Number for Payment: \_\_\_\_\_ (must be an Additional Pay Position number with Job Code 860060)

Speed type for Payment: \_\_\_\_\_

**Stipend Level:**

\$ \_\_\_\_\_ **Per Pay Period**-Employee (not to include AVP level or above) (**up to \$50/Month**)

\$ \_\_\_\_\_ **Per Pay Period**-Select Groups (admission counselor, recruiters, on call employees) (**up to \$75/month**)

\$ \_\_\_\_\_ **Per Pay Period**-Data Plans for iPads, notebooks, ets) (**up to \$20/month**)

\$ \_\_\_\_\_ **Total Amount Requested for this Employee**

Employees may not receive more than one stipend per month for cellular/mobile devices of service plans.

**Employee Signature**

I certify that I have read, understand and intend to comply with the University of Louisville’s Cellular/Mobile Device and Service Plan Policy. I understand that I am receiving this benefit to cover business-related transactions. Should my job duties change and I no longer have a university business need to use my cellular/mobile devices and or service plan or if service to my device is terminated, I will immediately notify my supervisor

\_\_\_\_\_  
**Signature** **Date**

**Supervisor Approval:**

Please describe in detail the business reason the stipend is necessary for this employee and attach any necessary supporting documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor Signature:**

I certify that the requested allowance is needed by the employee for business-related purposes.

\_\_\_\_\_  
**Signature** **Date**

**Department Head Approval and Signature:**

I certify that the requested allowance is needed by the employee for business-related purposes. I acknowledge that the amount of the allowance will be taken from the speed type listed above, and that I have authority to approve such a budget request. I agree to review the need for this allowance at least annually with the supervisor. I further certify that use of this funding source is appropriate for this expenditure.

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**Signature**

**Date**

**Position Management:**

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**Signature**

**Date**

**Human Resources:**

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**Signature**

**Date**