



CELLULAR / MOBILE DEVICE STIPEND FORM

EARN CODE: MBL

Reason: Phone Non-Taxable

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:	
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(must be an Additional Pay Position number with Job Code 860060)

Speed type for payment:	
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Stipend Level Request:

\$	Per Pay Period	Employee – up to \$50/month (not to include AVP level or above)
\$	Per Pay Period	Select Groups – up to \$75/month (admission counselor, recruiters, on-call employees)
\$	Per Pay Period	Data Plans – up to \$20/month (for iPads, notebooks, tablets, etc.)
\$	Per Pay Period	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 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.

Signature

Date

Position Management:

Signature

Date

Human Resources:

Signature

Date