

Wireless Communications Stipend Status

(This form used by Department Manager/Chair for yearly audit or to discontinue stipend)

Employee name (print): _____

Wireless telephone number: _____

Please check the appropriate line:

____ The employee continues to have a valid business need and the stipend for the cellular phone service is to continue. *(A copy of the employee's current carrier invoice must be attached to substantiate the service and expenses).*

____ The employee status has changed and the stipend for the cellular phone service is to be discontinued beginning _____, 20____.

Department Head/Chair: _____

Signature: _____

Date: _____

Forward the completed form to Human Resources

Human Resources Director: _____

Signature: _____

Date: _____

If the stipend is to be discontinued, forward to Accounting/Payroll

Accounting/Payroll: _____

Signature: _____

Date: _____

Return a copy of the completed form to Accounting/Payroll & to Information Technology

Human Resources Only

Archived: _____ Date: _____