

Personal Wireless Communication Stipend Request Form

Signature Da	ate	Signature Date	
Vice Chancellor Approval (only for stipend for e who did not previously have an AgCenter Mobile		IT Approval (only if transferring/cancelling a current Ag Mobile Phone):	ıCenter
Approved by: Unit Head			
Employee		Date:	
Additionally, I certify that the above allowance In exchange for the supplement being paid to r	will be used ne by the A purpose of	d toward expenses I incur for cell phone usage as describe AgCenter, I hereby agree that appropriate AgCenter staff r reviewing or recovering AgCenter data. If an employee	d abovenay hav
.,	read and a	agree to the AgCenter's wireless communication device	s polic
Other reason (Further justification necessary).	must be s	supplied. Use the back of this form or additional pag	es as
assignment).			
		ker who needs to be immediately accessible. ver the cost of the plan (business case will be required pr	ior to
normal working hours.	•		-
more <i>and</i> an immediate response is a The job function of the employe	•	them to be accessible (on-call) outside of schedule	ed or
		em to be outside of their assigned office or work area 50)% or
Justification for Cell Phone (Specify):			
Total \$		HRM – effective date:	
Data Stipend \$	<u>30</u>	month. Forms must be received by HRM by a of month to be reflected in that month's chec	
Voice Stipend \$	50	month, stipend will be paid effective on 15 ^t	h of
Check the box next to the service desired:		approvals is received by HRM on or after 15 ^t	
Allowance End Date (if applicable):		stipend will be paid effective on 1 st of montl which it was received. If completed form with	
BUDGET ACCOUNT #		received by HRM between 1 st and 15 th of mor	nth,
THE FOLLOWING TO BE COMPLETED BY UNIT	OR GRANT	NOTE: If completed form with all approval	s is
(completed by IT)	existing o	or immediately established.) VC approval not required.	
Stipend Start Date:		when mobile # is cancelled. (Personal account must be	
AgCenter Mobile # to be cancelled. Personal account to be established.		es form to IT. IT cancels AgCenter mobile account. IT original form to HRM. IT enters stipend start date at left	
(completed by IT)	transferre	ed to personal account. VC approval not required.	
to personal account. Stipend Start Date:		ww.lsuagcenter.com/stipend. IT forwards original form to enters stipend start date at left based on when mobile # is	
AgCenter Mobile # to be transferred		es form to IT and follows instructions found at	
AgCenter Mobile Phone.		HRM determines stipend start date based on receipt of fo	
Action Requested Employee does not currently have		and Completion es form to VC. VC sends original form to HRM to impleme	nt
Procedure – check and complete one of the f		and Completion	
New Mobile Phone #, if different, w/ area co	de:		
Current AgCenter Mobile Phone # w/ area co	de:		
EMPLOYEE TO COMPLETE AS APPLICABLE:			
ALL INFORMATIO	N IN THE B	BOX BELOW MUST BE COMPLETED:	
Dept. # / name:		_ Job Title:	
Deat # / name:		lah Titla	
Employee ID: Emp	loyee Nam	ne:	_