| **Personal Mobile Phone Services** | Employee Name | Date coverage begins |
|---|---|---|
| **Annual Stipend Agreement** | | |

Note: Agreements received by the 25th of the month are for stipends effective the 1st of following month. Stipends are not paid retroactively.

---

**Circle the plan you are requesting:**

**1›** Mandatory use
Voice+data
$74/month

**2›** Mandatory use
Voice only
$40/month

**3›** Highly beneficial use
Voice+data
$49/month

**4›** Highly beneficial use
Voice only
$25/month

**Circle the supplements required, if any:**

**A›** Mandatory use
Text messaging  or extra minutes
supplement
+$10/month

**B›** Highly beneficial use
Text messaging  or extra
minutes supplement
+$8/month

**C›** No supplements
required

_____          _____
Department Head Signature                                                          Date

---

**Total stipend requested (plan + supplement): $_____/month**

_____          _____
Area Vice President Signature                                                       Date

---

**Terms of Agreement**
- Employee will purchase mobile phone equipment and services appropriate to the stipend type (voice, voice + data, or text messaging or extra minutes supplement) that is approved.
- Employee will be responsible for the purchase, loss, damage, insurance, or replacement of phone equipment, and for vendor terms and conditions.
- Employee will promptly report to her/his department head any changes regarding phone numbers or services that could impact access to mobile services.
- Employee will carry the mobile phone, keep it charged and in operational condition, use it appropriately, and be accessible for business use of the mobile phone, as required by their department head or supervisor.

The complete policy is available online:

http://inside.massart.edu/Administration/Administration_and_Finance/Administrative_Services.html

Employee Name _____          Employee ID # _____

Department_____          Job Title _____

Cell Phone Number _____          Dept Budget Code_____
                                                                                                (e.g., 21-CST-5600)

**Employee Certification:**
I agree to the terms listed above, and certify that the stipend provided and reimbursements received will be used toward expenses I incur for mobile phone service and equipment as described in the Mobile Phone Policy.

_____          _____
Employee Signature                                                             Date

Once completed and signed, return to Human Resources (Tower, 8th floor).
Questions? Kathryn Oram (x7908).

**MASSART**