

SUNY Potsdam Personal Cell Phone Stipend Form (MC or UUP)

Employee Name: _____

Last 4 Digits of Social Security #: ____ _

Job Title: _____

Department: _____

Classification:

MC UUP

This form is for (check one):

a new stipend revision of an existing stipend

Justification of Need: _____

Please select level(s) of service from the following monthly service options:

Basic voice stipend - \$40.00
(450 minutes maximum)

Extended voice stipend - \$58.00
(More than 450 minutes)

Basic Text - \$6.00
(200 text messages maximum)

Extended text - \$24.00
(More than 200 text messages)

Data - \$35.00 per month

Gross Stipend Value: \$ _____

Account # to be charged: _____

Stipend start date: ____/____/____

Stipend end date: 12 months from the start date*

*HR will provide supervisors with the opportunity to renew the stipend via e-mail prior to the end date.

Cell Phone #: ____ - ____ - ____
**Please Note: Use this form to notify HR if your
phone number is changed**

Device/Accessories:

Maximum reimbursement for device and accessories*: \$ _____ Account # to be charged: _____

*The standard "Reimbursement Justification Form" (available on the Purchasing & Payables web page) must be completed with proper signatures, copies of receipts (or other proof of purchase) and a copy of this Personal Cell Phone Stipend form, and submitted to the Purchasing & Payables office to initiate the reimbursement.

Agreement:

- Employee will purchase cellular phone service and assume responsibility for any related service plan obligations.
- Employee will promptly report to their supervisor any changes regarding their cell phone and/or plan that could affect accessibility to or from that cell phone.
- Employee agrees to carry the cell phone with them, keep it charged and in operational condition, and be accessible for business related communication as required by their supervisor.

Stipend applicant and approving management acknowledge with their signatures below that they have read the SUNY Potsdam Cellular Telephone Policy and Procedures for MC/UUP Employees and agree to abide by the stated requirements.

Applicant's Signature: _____

Date: ____/____/____

Supervisor's Signature: _____

Date: ____/____/____

Vice President's Signature: _____

Date: ____/____/____

Human Resources Signature: _____

Date: : ____/____/____

Please send completed form to SUNY Potsdam Office of Human Resources

Stipend Procedures

- A. Eligibility:** Employees whose responsibilities are best fulfilled by carrying a cell phone or PDA may receive a cell phone stipend. Consideration is to be initiated at the supervisory level. The supervisor should determine what level of service and phone/PDA are appropriate in consideration of anticipated college business needs, and then complete the *Personal Cell Phone Stipend Form*. The supervisor's recommendation must receive the approval of the responsible vice president/president.
- B. Documentation:** Upon receiving the required approval signatures on the *Personal Cell Phone Stipend Form*, the employee may now select the carrier, phone/device, accessories and service contract of their choice.
- C. Initiation of the stipend:** Complete the *Personal Cell Phone Stipend Form* by providing the information specific to the employee's new plan, and then submit it to the Office of Human Resources, along with copies of service agreements or monthly bill (the employee should keep a copy for their records).
- D. Procurement of the device/accessories:** The payroll stipend is offered in support of the monthly services only. Supervisors that determine the need for an employee to purchase a cell phone, PDA, or related accessories, should determine if reimbursement for these purchases is appropriate, and if so, determine the dollar amount. This amount must be included on the *Personal Cell Phone Stipend Form* for consideration in the approval process. The actual reimbursement will be processed utilizing the standard *Reimbursement Justification Form* (available on the Purchasing & Payables web page), which must be sent to the Purchasing & Payables office, with receipts (or copies of) and a copy of the approved *Personal Cell Phone Stipend Form* attached.
- E. Changes to the employee's service:** Based on SUNY Potsdam's need and the responsibilities of the employee, it may be necessary to have the employee make changes to their service plan or device, or discontinue the stipend entirely. A *Personal Cell Phone Stipend Form* should be submitted to the Office of Human Resources reflecting the revised stipend amount. A stipend may be discontinued by the supervisor by notifying the Director of Human Resources of their request via e-mail.
- F. Verification:** The employee must be able to show their supervisor, upon request, that their monthly service charges (including taxes and fees), are equal to or greater than the stipend amount. If the monthly bills, on average, fall short of the stipend amount, the supervisor must adjust the stipend to a lower level, or may opt to discontinue the stipend provision altogether for that employee.
- G. Renewal:** Stipends must be renewed on an annual basis. Human Resources will request confirmation of each stipend's continuation from supervisors via e-mail communication.