

SUNY Potsdam Equipment Allowance Stipend Form (MC or UUP)

Employee Name: _____

Last 4 Digits of Social Security #: ____ _

Job Title: _____

Department: _____

Classification:

This form is for (check one):

MC UUP

a new stipend revision of an existing stipend

Justification of Need: _____

Gross Stipend Value/month: \$ 30.00

Account # to be charged: _____

Requested stipend start date: / /

Stipend end date: 12 months from the start 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 Equipment Allowance Policy 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 Human Resources