



# Wireless Communication Stipend Request/Authorization

SECTION 1: Employee Information		SECTION 2: Charge Code
Employee Name:	Employee ID:	AIS Charge Code:
Department Name:	Office Phone #:	Grant Code (if applicable):
Current SWCC Cell Phone #:	SWCC Cell Phone Termination Date:	Cell Phone # Covered by Stipend:

## SECTION 3: Stipend Request (check all that apply)

### Monthly Stipend

<input type="checkbox"/> Monthly Voice Plan Level 1 (450 minutes or less)	\$ 40.00
<input type="checkbox"/> Monthly Voice Plan Level 2 (450 to 900 minutes)	\$ 60.00
<input type="checkbox"/> Monthly Voice Plan Level 3 (over 900 minutes)	\$ 75.00
<input type="checkbox"/> Monthly Data Package (if data usage is needed)	\$ 20.00
<input type="checkbox"/> Monthly Text Messaging (for unlimited text)	\$ 10.00
<input type="checkbox"/> Bi-annual phone equipment allowance	\$ 50.00
<input type="checkbox"/> Bi-annual phone/data equipment allowance <sup>+</sup>	\$ 200.00
<input type="checkbox"/> Monthly Mobile Internet Service (wireless air card)	\$ 60.00
<input type="checkbox"/> Monthly Internet Service Other*	\$ _____
<b>Total monthly stipend requested .....</b>	<b>\$ _____</b>
<b>Total stipend requested .....</b>	<b>\$ _____</b>

<sup>+</sup> For bi-annual equipment allowance, use this form and attach a copy of the invoice/receipt. This stipend can only be requested every two years.

\* For additional monthly stipend, please provide a description of why it is necessary and what it will be used for below:

## SECTION 4: Justification (check all that apply)

- The employee's job requires that they work regularly in the field and need to be immediately accessible.
- The employee's job requires that they need to be immediately accessible outside of normal business hours.
- The employee is responsible for critical infrastructure and needs to be immediately accessible at all times.
- The employee travels and needs to be accessible or have access to information technology systems while traveling.
- Access via voice and or access to information technology systems via a mobile communications device would, in the judge of the supervisor, render the employee more productive and/or the service the employee provides more effective, and the cost of mobile communications service is therefore warranted.

I hereby certify that all information is true and that I have read and understand the Southwest Virginia Community College Wireless Communication Stipend Policy. I understand the following:

1. The stipend for wireless communication is paid through SWCC payroll.
2. Stipend rates will be reviewed and approved each fiscal year.
3. The stipend will be considered taxable income.
4. The monthly stipend allowance covers SWCC business-related costs.
5. I am responsible for purchasing the wireless communication device and service plan: The device is my personal property.
6. The stipend is not considered part of my base pay.
7. If my wireless device is no longer active or needed for my job responsibilities, I must notify Human Resources.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 5: Signature Approvals

\_\_\_\_\_  
Vice President of Finance

\_\_\_\_\_  
Date

\_\_\_\_\_  
President (or designee)

\_\_\_\_\_  
Date