

**SOUTH TEXAS COLLEGE
CELLULAR TELEPHONE STIPEND REQUEST FORM**

Employee Name: _____ Employee ID Number: _____
 Job Title: _____ Department Name: _____
 Department FOAPAL: _____ Allowance Start Due (monthly): _____
 Cell Phone No. () _____

This request is for (check all that apply):

Monthly Plan Allowance: Plan A PDA - \$80.00 Plan B Cell Phone- \$40.00

The above employee meets the following documented official school business need for a cellular telephone (select all that apply):

- Job duties require the frequent need for a cellular telephone and employee is mobile for a large part of the work period.
- The employee is a critical decision maker.
- The job function of the employee requires them to be accessible outside of scheduled or normal working hours.
- Other Describe: _____

Salary Supplement

All allowances are considered salary supplements and will be reported as taxable compensation. Allowances do not qualify as compensation for TRS or ORP. Allowances will be funded from Operating funds.

Acknowledgement

By signing this request, the employee acknowledges that he/she has access to the Cellular Telephone Stipend Guidelines, he/she understands the allowance is being provided because of an official school business need, and he/she agrees to provide his/her financial manager with the cellular telephone number and to be accessible through this communication device. He/she further acknowledges that allowances are contingent upon a continued business need as defined in the Cellular Telephone Stipend Guidelines.

If, at any point during this contract, there is no longer a business need for an allowance, it is the responsibility of the financial manager to notify the HR Office by submitting a Termination of Cellular Telephone Stipend Form.

1 _____ Signature of Employee	_____ Date
2 _____ Signature of Supervisor/Project Manager/Dept Chair	_____ Date
3 _____ Signature of Financial Manager	_____ Date
4 _____ Signature of Dean/Director	_____ Date
5 _____ Division Vice President, Executive Officer or College President	_____ Date
6 _____ Business Office (if grant funded only)	_____ Date

Forward form to the Purchasing Dept. Form must be received by the 10th of month in which the stipend is to be effective.

For Purchasing Department Use Only:

Approved: _____ Date: _____ Entered: _____ Date: _____
 Initials: _____ Entered: _____