

Wireless Communication Stipend Agreement

St John's University

This is your Wireless Communication Stipend Agreement issued to employees whose position requires that they be in contact at all times for work-related functions and/or emergencies.

| Please print clearly | | |
|----------------------|-------------------------|-----------|
| Employee ID Number | Last Name First Name MI | Job Title |
| | | |

| DEPARTMENT BILLING INFORMATION - This is department that will be charged for the mobile device stipend. | | |
|---|--------------------------|-------------------------|
| Department Name | Department Org & Account | Manager/Supervisor Name |
| | _____ - 6534 | |

| Cell Phone Vendor | Cell Phone Number | Vendor contract end date | Payroll - Activation Date |
|-------------------|-------------------|--------------------------|---------------------------|
| | | | |

This form must be approved and signed by the Sector Leader (Provost, CFO, General Counsel & EVP for Mission) and submitted to the Payroll department.

Justification for Stipend:

Certification and Signature:

I certify that I will use the stipend requested toward the business use designated above. I further certify that I have read, understood and intend to comply with University-issued Cell Phones and Wireless Communication Stipend Policy.

Signature _____ Date _____
Employee Signature

I certify that the requested stipend is needed for this employee, to cover work-related expenditures due to cell phone use. I further certify that I have read, understood and intend to comply with the University-issued Cell Phones and Wireless Communication Stipend Policy.

Signature _____ Date _____
Sector Leader

Please keep a copy for your records