



## Mobile Communications Stipend Request

Name:

Assignment Number:

Division/Department:

Chart String:

Effective Date:

Ongoing (no defined end date)

End Date (if applicable):

Qualifying Reason:

On-Call Responsibilities

Frequently travel to a remote location or significant time away from the office

Job Responsibilities require use of a mobile device

Receive or initiate emergency communication

Details:

Monthly Stipend for Cellular Communications:

*(Note: All Geisel Mobile Communication stipends are set to \$50.00)*

If monthly stipend is greater than \$50.00, please provide justification:

I certify that I am using my personal cellular device as described in the Mobile Communication Device and Services Policy as required by my department and am requesting a stipend to offset costs related to business activities. I understand the stipend will be included in my regular paycheck as taxable income.

Requester:

Please attach this form to the [General Request eForm](#) and select "Communication Stipend" as the Request Type. Add your Supervisor/Department Head and your Divisional Fiscal Officer as approvers on the General Request eForm and click submit to route for approval. Once approved the request will automatically route to your Finance Center for processing.