

**SOUTHTEXAS COLLEGE
CELLULAR TELEPHONE STIPEND REQUEST FORM**

Employee Name: _____ Employee ID Number: _____
Job Title: _____ Department Name: _____
Department FOAPAL: _____ Allowance Start Date: (monthly): _____
Cell PhoneNo (____) _____

This request is for a \$40 Monthly Stipend.

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

- The employee has authority and responsibility for critical decision making impacting the business operations of the department and College.
- The job duties of the employee require considerable time outside of their assigned office or work area, and it is important to the College that the employee is accessible during those times (e.g. during travel or employee is required to be mobile throughout college campuses).
- The job duties of the employee require them to be accessible outside of scheduled or normal working hours on a reoccurring basis.

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 and acknowledges that stipends are subject to termination at the request of the financial manager. In the event of an official investigation, Freedom of Information Act request, Texas Public Information Act request, or a subpoena the employee may be required to provide their service statement and call detail records to law enforcement and/or others as required. 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 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 Office or College President	_____ Date
6 _____ Business Office (if grant funded only)	_____ Date

Forward form to the Purchasing Department. 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: _____