

Supervisor Worksheet and Employee Agreement Cell Phone and Internet Access Stipends

Section 1: Employee Information

Employee _____ Employee ID _____
Employee Email _____ Phone # _____
Department _____ Dept. ID # _____
Supervisor _____ Phone # _____

Section 2: Cell Phone Allowance Request

- | | | |
|---|----------|----------------------------------|
| <input type="checkbox"/> Voice Level 1 | \$50.00 | (semi-monthly amount of \$25.00) |
| <input type="checkbox"/> Voice Level 2 | \$65.00 | (semi-monthly amount of \$32.50) |
| <input type="checkbox"/> Voice Level 3 | \$80.00 | (semi-monthly amount of \$40.00) |
| <input type="checkbox"/> Data Package | \$20.00 | (semi-monthly amount of \$10.00) |
| <input type="checkbox"/> Text Messaging | \$ 5.00 | (semi-monthly amount of \$2.50) |
| <input type="checkbox"/> Other | \$ _____ | |

Section 3: Remote Internet Allowance Request

- | | | |
|---|----------|----------------------------------|
| <input type="checkbox"/> Internet Package | \$55.00 | (semi-monthly amount of \$27.50) |
| <input type="checkbox"/> Internet Other | \$ _____ | |

Section 4: Total Stipend Amount

Total Monthly Amount \$ _____
BI-WEEKLY AMOUNT \$ _____ (to be entered on ePAR)

Section 5: Justification

- | | |
|--|--|
| <input type="checkbox"/> Safety | <input type="checkbox"/> Essential personnel |
| <input type="checkbox"/> Required to be contacted on a regular basis | <input type="checkbox"/> Critical decision maker |
| <input type="checkbox"/> Required to be on-call | <input type="checkbox"/> Job function requires home or off-campus access to the Internet or university data services |
| <input type="checkbox"/> Other (please provide justification here or attach) | |

Section 6: Certifications

I certify that the requested compensation is the most cost effective choice needed for this employee, to cover work-related expenditures for voice and/or data services.

Supervisor Signature

Date

Vice President Signature

Date

I certify that I will use the funds requested toward the business use designated above, and promptly report any changes in the level of those business expenses to my supervisor. I agree to secure voice and/or data services through the service provider of my choice and will no way obligate James Madison University for such service. I understand that the stipend will be taxable income to be reported on my W-2, and James Madison University is not responsible for the tax consequences of the stipend or the business use of my personal wireless or internet devices. I will return any currently owned JMU equipment to the department upon replacement, termination of employment or change in job position.

Employee Signature

Date

1. COPY this form to: 1. Employee 2. Department
2. ATTACH this form to the ePAR