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		
□ Voice Level 1	$50.00	(semi-monthly amount of $25.00)
□ Voice Level 2	$65.00	(semi-monthly amount of $32.50)
□ Voice Level 3	$80.00	(semi-monthly amount of $40.00)
□ Data Package	$20.00	(semi-monthly amount of $10.00)
□ Text Messaging	$ 5.00	(semi-monthly amount of $2.50)
□ Other	$_____	

Section 3: Remote Internet Allowance Request		
□ Internet Package	$55.00	(semi-monthly amount of $27.50)
□ Internet Other	$_____	

Section 4: Total Stipend Amount		
Total Monthly Amount	$_____	
BI-WEEKLY AMOUNT	$_____	(to be entered on ePAR)

Section 5: Justification	
□ Safety	□ Essential personnel
□ Required to be contacted on a regular basis	□ Critical decision maker
□ Required to be on-call	□ Job function requires home or off-campus access to the Internet or university data services

□ 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