



Wireless Communication Stipend Request/Authorization

SECTION 1: Employee Information	
Employee Name:	Employee ID:
Department Name and Account Number:	Office Phone #:

SECTION 2: Stipend Request (check all that apply)

Monthly Stipend

- | | |
|--|-----------|
| <input type="checkbox"/> Monthly Voice and Data Plan | \$ 60.00 |
| <input type="checkbox"/> Bi-annual phone/data equipment allowance ⁺ | \$ 200.00 |

⁺ For bi-annual equipment allowance, use this form and attach a copy of the invoice/receipt. This stipend can only be requested every two years.

* For additional monthly stipend, please provide a description of why it is necessary and what it will be used for below:

SECTION 3: Justification (check all that apply)

- The employee's job requires that they work regularly in the field and need to be immediately accessible.
- The employee's job requires that they need to be immediately accessible outside of normal business hours.
- The employee is responsible for critical business functions or the supporting infrastructure and needs to be immediately accessible at all times.
- The employee travels and needs to be accessible or have access to information technology systems while traveling.
- Access via voice and or access to information technology systems via a mobile communications device would, in the judgment of the supervisor, render the employee more productive and/or the service the employee provides more effective, and the cost of mobile communications service is therefore warranted and approved by the College President.
- Sufficient budget exists to cover costs in the employee's department.

For Payroll purposes please list the first day of your next billing cycle_____



Wireless Communication Stipend Request/Authorization

I hereby certify that all information is true and that I have read and understand the Germanna Community College Wireless Communication Stipend Policy.

I understand the following:

1. The stipend for wireless communication is paid through GCC payroll.
2. The wireless communication device must receive GCC email.
3. Stipend rates will be reviewed and approved each fiscal year.
4. The stipend will be considered taxable income.
5. The monthly stipend allowance covers GCC business-related costs.
6. I am responsible for purchasing the wireless communication device and service plan: The device is my personal property.
7. The stipend is not considered part of my base pay.
8. If my wireless communication device is no longer active or needed for my job responsibilities, I must notify Human Resources.

Employee Signature: _____ **Date:** _____

Supervisor Signature (if needed): _____

SECTION 4: Approval
Dr. David A. Sam
Title: Germanna Community College President
Signature:
Date: