

**WCU MOBILE WIRELESS COMMUNICATIONS STIPEND
JUSTIFICATION AND ACKNOWLEDGEMENT REQUEST FORM**

Employee Name (Print): _____

Employee Title: _____

Supervisor Name: _____

Section A: Justification of Business Need

- The duties of the position may lead to potentially dangerous situations with no other acceptable or reliable means of communication.
- The duties of the position require that the employee work regularly in the field and be immediately accessible.
- The duties of the position require immediate emergency response in critical situations (police or emergency responder) or for operational support of critical infrastructure (telecommunications, computer or network responder).
- The duties of the position require a significant amount of travel related to official university business while maintaining access to information technology systems that render the employee more productive and/or result in more effective service provided by the employee.
- The duties of the position require immediate executive response and decision making to life-threatening or public safety issues and situations.
- The President of the University deems it necessary to ensure the flow of information and critical support of the university mission.

Section B: Employee Acknowledgement and Acceptance

I, _____, acknowledge that I have reviewed the WCU Mobile Wireless Communications Stipend Policy Statement and that I understand the provisions of the Policy Statement. Failure to comply with this Policy Statement could result in revocation of the stipend and possible further disciplinary action by the West Chester University Human Resources Department up to and including termination.

Employee Signature: _____ Date: _____

Section C: Approval / Acknowledgement

Employee Name: _____ Dept: _____

| Approved Options (✓) | | Plan ID | Monthly Stipend Amount ¹ | Total Stipend ^{2 3} |
|--|---|-----------------|-------------------------------------|------------------------------|
| Personal Mobile Device Phone Number: | | Carrier: | | |
| <i>Choose from the following plan types:</i> | | | | |
| Flip Phone | Voice and Text Only | 1 | \$28.50 | |
| Smartphone | Voice, Text and Data, calculated based on Mobile Bill or Maxed @ \$55 | 2 | \$55.00 | |
| | Laptop Aircard or Mobile Hotspot device ⁴ | 3 | \$40.00 | |

Funding Org* No.: _____ **Total Monthly Stipend:** _____

** Funding org must be able to receive personnel expenses.*

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Dept. Head/Chair Signature: _____ Date: _____

Funding Org Manager Signature: _____ Date: _____

Section D: Upper Management / Departmental Approvals

Vice President or Dean: Printed Name: _____

Signature: _____ Date: _____

Networking & Telecom: Printed Name: _____

Signature: _____ Date: _____

Human Resources: Printed Name: _____

Signature: _____ Date: _____

¹ The stipend amount may be adjusted at any time at the discretion of the University. Employee will be notified in advance of any stipend amount adjustments.

² No additional compensation will be provided for Overage Charges. Employee must provide itemized billing detail documenting business use in excess of approved plan option to their supervisor to justify a change to the next higher level stipend amount.

³ Stipend will be paid once a month in the last pay statement of the month.

⁴ Stipend should be initially approved for the minimum usage amounts unless either the employee or their supervisor provides justification for higher amounts. If the employee is being converted from a University issued cell phone to a stipend, the Networking and Telecommunications Department can provide previous usage details for the University issued cell phone number.

⁵ Wireless Data Device (e.g., laptop or tablet PC) not tethered to a cell phone.