Employee Name (Print): __________________________________________
Employee Title: ________________________________

Step 1: Justification of a Valid Business Need (check one)

The need to be readily accessible for contact with the public or with university faculty, staff, or students, coupled with the impracticability of a regular land-line telephone for required or essential business communication due to:

[ ] Frequent travel, working at a remote location.

[ ] The need to receive or initiate communication in emergency situations.

[ ] The need to be accessible and available during non-business hours or by electronic means at all times.

Step 2: Supervisor Approval / Acknowledgement

Supervisor Signature: ________________________________
Date: ____________
Department: ________________________________
Budget Account: ________________________________

<table>
<thead>
<tr>
<th>Service</th>
<th>Monthly Stipend</th>
<th>Check the Approved Stipend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic (voice&amp; texting only)</td>
<td>$35.00</td>
<td></td>
</tr>
<tr>
<td>Basic Plus (voice, texting, &amp; email)</td>
<td>$70.00</td>
<td></td>
</tr>
<tr>
<td>Smart Phone</td>
<td>$100.00</td>
<td></td>
</tr>
</tbody>
</table>

The stipend will be paid in equal amounts over 26 pay periods. For example, the $35 stipend = $420/year ÷ 26 pay periods = $16.15/pay.

Employees must contact their carrier's customer service department for help with their devices. Alvernia’s IT department cannot support employee owned equipment.
Alvernia University
Wireless Communications Stipend Request

I have read and understand the Cell Phone / Wireless Communication Device and Services Policy and the applicable subscription plan:

Employee Name: ____________________________________________

Signature: ______________________________ Date: ________________

Wireless Telephone Number: ______________________________

Note: A copy of a recent invoice from your wireless service carrier substantiating your expenses must be attached to this request form. If you don’t have a plan in place yet, please forward the invoice to Human Resources within 30 days of receiving your first carrier invoice.

Step 3: Division Vice President Approval

Name: ____________________________________________

Signature: ______________________________ Date: ________________

Step 4: Applies to Data Capable Devices Only

Data capable phones must have prior approval from Information Technology to ensure their compatibility with the University network and email system. Please include the make and model of your data capable device below, otherwise move to Step 5.

Make: ____________________________ Model: ______________________

Information Technology Approval

Name: ____________________________________________

Signature: ______________________________ Date: ________________

Step 5: Forward completed forms to Human Resources

Human Resources Approval

Name: ____________________________________________

Signature: ______________________________ Date: ________________

Copy forwarded to Payroll on: ________________