

Mobile Communication Device Justification Form

For the approval of a non-taxable stipend for non-compensatory business use of a Mobile Communication Device (MCD) in accordance with the Administrative Procedure, Mobile Communication Devices, complete and submit this form to Human Resources, *Attn: HRChange@wfu.edu*. Forms for employees paid biweekly must be received at least three days prior to the end of the pay period, and by the 10th of the month for employees paid monthly.

| | | |
|--|------------------------|------------------|
| Employee Name: | Monthly | Bi-Weekly |
| Employee ID Number: | Position Title: | |
| Employee Email: | | |
| Employee Phone Number: | | |
| Approval Authority Name & Title: | | |
| <p>Qualification: To qualify for eligibility, the individual must be a University employee, full- or part-time, based on position responsibilities, agree to follow the procedures as outlined in the Administrative Policy and Administrative Procedure, Mobile Communication Devices, and have an approved valid business need for a MCD stipend.</p> <p>Establish a Valid Business Reason for Provision MCD Stipend: Based upon the business requirements of the employee's position, check all that apply and provide additional explanation when indicated:</p> <p><input type="checkbox"/> Frequently travels out of office, works at a remote location, or is without access to a regular land line (to conduct business) on a routine basis</p> <p><input type="checkbox"/> Position responsibilities require types of business usage on a mobile basis (e.g. The Head of the Administrative Division, Academic Dean, or Cabinet-level authority requires continuous monitoring of data, calendar, e-mail, text, voice). <i>Please explain below.</i></p> <p><input type="checkbox"/> Needs to be available for emergencies, to receive or initiate communication, to facilitate decision making, or other position responsibilities.</p> <p><input type="checkbox"/> Must be accessible and available during non-standard business hours for business purposes, including continuous monitoring of email. <i>Please explain below.</i></p> <p>Additional information/explanation:</p> | | |
| <p>Based upon the business requirements of the employee's position:</p> <ul style="list-style-type: none"> • Circle the recommended annual MCD stipend(s) that apply: • Provide its effective date (<i>must correspond with the first date of a pay period</i>): _____ • Provide the funding source of the stipend (e.g. dept. code or restricted fund code): _____ | | |

| Tier | Tier Description |
|------|------------------|
| 1 | Low usage |
| 2 | Medium usage |
| 3 | High usage |

Employee Acknowledgment (for MCD stipend):

I have read and agree to the provisions of the MCD Administrative Policy and Procedure. I certify any reimbursement I seek related to MCD expenses will be in excess of the allowed stipend (net). I verify that the information given above is accurate to the best of my knowledge.

Employee Signature

Date

Recommendation of Manager/Supervisor (for MCD stipend):

I certify that the MCD stipend is justified under the terms of MCD Administrative Policy and Procedure, and I have read, understand, and agree to abide by the procedure and now recommend said employee for an MCD stipend.

Approval Authority Signature

Date

Authorized Approver (for MCD stipend): *(Note: The approval authority is the Reynolda Cabinet-level authority for faculty and non-exempt staff and the Head of the Administrative Division or Academic Dean for exempt staff.)*

I certify that the MCD stipend is justified under the terms of MCD Administrative Policy and Procedure and that I have read, understand, and agree to abide by the procedure.

Approval Authority Signature

Date

H/R Use Only _____