BHSU Request for Stipend/Cell Phone

Date: _____ **Banner ID:**_____

Stipend/Cell Phone Requested for: _____
(Employee Name)

Department: _____ **Position**:_____

Is position approved in BOR policy 5:23?_____

FOP to be charged: Fund_____Organization_____Program _____
(If this FOP is for a grant, please obtain an approval signature from the Office of Sponsored Programs).

Options

☐ Stipend Requested

Monthly Contract Amount: _____ (1/2 cost of monthly plan not to exceed $15)
Texting Amount: _____ (requires justification of need)
Data Plan Amount: _____ (full cost of data plan)

or

☐ State-Owned Phone Requested

Justification (Include exceptions to BOR policy 5:23 for non-eligible positions, for stipend requests above $15.00 and for data or texting plans requests.):

BHSU Issued Cell Phone User Signature

I (User) acknowledge the use of a BHSU issued cell phone is for official BHSU business only. I acknowledge that I may be responsible for the replacement of the BHSU cell phone due to loss, theft, or abuse. I understand that use of a cell phone in any manner contrary to BOR policy, local, state, or federal laws will constitute misuse, and may result in immediate termination of the BHSU issued cell phone. I acknowledge that any personal use must be documented on each monthly statement. I acknowledge that I have read and am familiar with BOR policy 5:23.

_____ _____

User Signature *Date*

Stipend User Signature

I (User) acknowledge the receipt of a monthly stipend allowance for business use of my personal cell phone. I also acknowledge that by accepting a monthly stipend for business use of my personal phone, I certify that I will use the funds for the use designated above and agree to provide my cell phone number to BHSU. I understand my cell phone records may be subject to discovery and audit. I understand that the cost of cell phone equipment is not a reimbursable item and that the stipend is taxable. I acknowledge that I have read and am familiar with BOR policy 5:23.

_____ _____

User Signature *Date*

For Grants funds Only: (signature required):

_____ _____

Sponsored Program Office Approval *Date*

_____ _____

Dean/ Director Approval *Date*

_____ _____

Vice President Approval *Date*

_____ _____

*President Approval** *Date*

**President approval required for all requests for positions not identified and stipend amounts above $15.00 per BOR policy 5:23*

Submit signed original to the Business Office, Woodburn Hall, Room 205