**Wireless Communication Stipend Agreement**

**Molloy University**

**This is your Wireless Communication Stipend Agreement issued to employees whose position requires that they be in contact at all times for work-related functions and/or emergencies.**

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|  |  **Please print clearly** |

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| **Employee ID Number** |

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| **Last Name First Name** | **MI** |

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| **Job Title** |

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| **DEPARTMENT BILLLING INFORMATION - This is department that will be charged for the mobile device stipend.** |

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| **Department Name** |

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| **Department Org & Account** |

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| **Manager/Supervisor Name** |

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| **Cell Phone Vendor** | **Cell Phone Number** | **Vendor contract end date** | **Payroll - Activation Date** |
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**This form must be approved and signed by the supervisor, (President, Dean ,Director or CFO) and submitted to the Payroll department.**

**Justification for Stipend:**

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**Certification and Signature:**

I certify that I will use the stipend requested toward the business use designated above. I further certify that I have read, understood and intend to comply with University-issued Cell Phones and Wireless Communication Stipend Policy.

 **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Employee Signature**

I certify that the requested stipend is needed for this employee, to cover work-related expenditures due to cell phone use. I further certify that I have read, understood and intend to comply with the University-issued Cell Phones and Wireless Communication Stipend Policy.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Supervisor’s Signature**

**Please keep a copy for your records**