



**Virginia Western Community College
Wireless Communication Stipend Request**

Section 1: Employee Information

Employee Name: _____

Employee ID: _____

Department Name: _____

Office Phone #: _____

Assignee of Departmental Shared Cellular Phone Device: _____

Section 2: Stipend Request (check all that apply)

<input type="checkbox"/>	Monthly Voice Plan Level 1 (450 minutes or less) - (\$40.00)	\$	-
<input type="checkbox"/>	Monthly Voice Plan Level 2 (450 to 900 minutes) - (\$60.00)	\$	-
<input type="checkbox"/>	Monthly Voice Plan Level 3 (over 900 minutes) - (\$70.00)	\$	-
<input type="checkbox"/>	Monthly Data Package (if data usage is needed) - (\$20.00)	\$	-
<input type="checkbox"/>	Monthly Mobile Internet Service (wireless air card) - (\$60.00)	\$	-
<input type="checkbox"/>	Monthly Other*	\$	-
<input type="checkbox"/>	Monthly Other*	\$	-
<input type="checkbox"/>	Bi-annual phone equipment allowance* - (\$50.00)	\$	-
<input type="checkbox"/>	Bi-annual phone/data equipment allowance** - (\$200.00)	\$	-
	Total <u>Monthly</u> Stipend Requested	\$	-
	Total Stipend Requested	\$	-

* For bi-annual equipment allowance, use this form and attach a copy of the invoice/receipt. This stipend can only be requested every two years.

** For additional monthly stipend, please provide a description of why it is necessary and what it will be used for below:

Section 3: Justification (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> The employee's job requires that they work regularly in the field and need to be immediately accessible. | <input type="checkbox"/> The employee travels and needs to be accessible or have access to information technology systems while traveling. |
| <input type="checkbox"/> The employee's job requires that they need to be immediately accessible outside of normal business hours. | <input type="checkbox"/> Access via voice and or access to information technology systems via a mobile communications device would, in the judge of the supervisor, render the employee more productive and/or the service the employee provides more effective, and the cost of mobile communications service is therefore warranted. |
| <input type="checkbox"/> The employee is responsible for critical infrastructure and needs to be immediately accessible at all times. | |

I hereby certify that all information is true and that I have read and understand the Virginia Western Community College Wireless Communication Stipend Policy.

I understand the following:

1. The stipend for wireless communication is paid through VWCC payroll.
2. Stipend rates will be reviewed and approved each fiscal year.
3. The stipend will be considered taxable income.
4. The monthly stipend allowance covers VWCC business-related costs.
5. I am responsible for purchasing the wireless communication device and service plan: The device is my personal property.
6. The stipend is not considered part of my base pay.
7. If my wireless communication device is no longer active or needed for my job responsibilities, I must notify Human Resources.

Employee Signature: _____

Date: _____

Section 4: Approvals

Supervisor's Name: _____

President's (or designee) Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____