

Dickinson College

Cell and SmartPhone Stipend Approval Form

As part of your job duties, it is expected that you will need to make use of a cellular telephone or similar device. Dickinson College has the following cell/smartphone allowances for work purposes. Please indicate your need:

Employee Name:	Employee Pay Type: Semi-monthly _____ Bi-weekly _____
Job Title:	Cell Phone Number:
Department:	Department Head:

Indicate Allowance(s) Requested: *All allowances are subject to annual review and modification as determined by the Vice President of Finance and Administration.

<input type="checkbox"/> Option1, Cell Phone	Allowance Amount: \$25.00 Allowance Start Date: _____ Allowance End Date: _____
<input type="checkbox"/> Option2, Smart Phone	Allowance Amount: \$50.00 Allowance Start Date: _____ Allowance End Date: _____
Total <i>Monthly</i> Allowance Approved:	\$ _____ (Total) Options 1 or 2
<input type="checkbox"/> One Time Equipment Allowance - \$100 (50 percent of the purchase price up to a maximum of \$100 upon presentation of a receipt). Allowance for cell phone or smart phone equipment only, does not apply to accessories. Employee is eligible to receive equipment	One Time Equipment Allowance: _____ (if applicable)

Employee Certification:

I certify that the above allowance will be used toward expenses I incur for cell phone usage as described above and agree to the terms and conditions outlined in the Dickinson College Stipend Policy. In addition, I understand and acknowledge that the College will not be responsible for the terms of any contract I may choose to enter into with a cell phone company for my personal plan, including (but not limited to) any fees associated with early termination of a contract. Attached is a copy of my personal cell phone contract which this allowance will be used to pay for.

A copy of the Dickinson College Stipend Policy and FAQs are available for review. <http://lis.dickinson.edu/Technology/Helpdesk/stipend.html>

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

VP/Divisional Approval: _____ Date: _____

Please print, complete and forward form to Human Resource Services. A copy should be kept on file in the employee's department. Note: cell phone allowances may take up to the 1st of the following month from receipt of an approved allowance request form to show in your paycheck.