



Wireless Stipend Authorization Form

Employee Name:		Effective Date:	
Employee Id Number:		Project Name:	
Department Contact:		Dept Zip:	Dept Ext:
Supervisor:		Supervisor's Title:	
Budget Account Number:		Object Code:	

<p><u>Please Check One Plan:</u></p> <p>Cell Phone and/or home DSL: (\$66.00/month*)_____ PDA/Smartphone, DSL, data: (\$126.00/month*)_____</p> <p><i>*Amount includes \$72 (\$6.00/month) equipment allowance</i></p>
<p>Justification:</p>

Acceptance:

I concur with my supervisor's request for me to have a wireless device for performing job duties while away from my office or off-campus. I request an allowance as indicated above. I understand this allowance is based on the device and service level specified by my supervisor and I will receive a monthly amount in semi-monthly increments included in my payroll.

I understand that selection of plan, payment for purchase of the wireless device, and any monthly service fee(s) is entirely my responsibility. Resolution of any billing disputes, equipment loss damage or malfunction, along with service additions and or changes will be between me and the service provider I have chosen.

ITSS support for cellular devices will be limited to providing information about campus e-mail servers on the campus wifi so that vendors may assist with configuration of devices for use with campus e-mail systems. ITSS will not provide computer assistance with desktop software installation, synching, back-up and/or recovery of data for any cellular/wireless device.

Careful consideration should be given to any data stored on mobile computing devices or home computers. I understand and agree that protected Level 1 University/RF data should not be stored on my cellphone/wireless device or home computer. I understand that email accounts are subject to public records disclosures and subpoena as dictated by local, state, and federal laws.

I agree to establish a device password upon receipt of the wireless device. When upgrading to a new device, I agree to ensure University and/or RF data is properly removed from my old device.

In accepting the provision of this allowance, I understand the total annual allowance will be reported on my W-2 as taxable wages.

I will comply with CA Vehicle Code Section 23123.5 (hands-free driving).

Employee Signature

Date

Supervisor Signature (if different from Project Director)

Date

Project Director

Date

CSE CEO Signature (as per policy)

Date

Discontinuation of Plan:

Note: Complete this portion of the form when you know that an appointment will end or changes in duties will occur during the calendar year.

Effective Date of discontinuation: _____

Employee Signature: _____

Supervisor Signature: _____

Upon completion send to: RF Payroll 25 Main Street, Chico, CA 95929-0246 or scan and e-mail to rfpayroll@csuchico.edu.