

2.400.1 (Accompanies Policy 2.400)

EMPLOYEE NAME: _____ TITLE: _____

EFFECTIVE DATE: _____ FUNCTION: _____

DEPARTMENT: _____ ACCOUNT #: _____

TYPE OF DEVICE: The above-named (and/or attached-listed) employee(s) require the following cellular device for the performance of official duties and responsibilities:

☐ The above-named (and/or attached-listed) employee(s) qualify for a University-issued cellular telephone/PDA, but have elected to receive a taxable stipend of \$60/month.

JUSTIFICATION: This request is justified as follows (must meet one or more criteria):

- ☐ Required to perform emergency responder duties for law enforcement with communications needs that cannot be met with other available alternatives
- ☐ Required to respond to critical system failures or service disruptions
- ☐ Required for immediate communication capability to protect the safety of students, employees, or the general public
- ☐ Required to *routinely* travel off-campus on University business
- ☐ The job requires considerable time **outside the office**, and it is important to the University that the employee be immediately accessible to receive and/or make frequent business calls during those times or to send and receive email
- ☐ The job requires the employee to be immediately accessible to receive and/or make frequent business calls outside of working hours or to send and receive email
- ☐ Cannot meet communications needs with other available alternatives

Other/Comments: _____

APPROVALS: The employee acknowledges by signing below that he/she has read the Bethel University policy on cellular telephones/PDAs and agrees to abide by its provisions. The employee also confirms that he or she is responsible for verifying with the Payroll Office when and if the phone or service the employee receives a stipend for has been terminated. Failure on the part of an employee to notify his/her supervisor of termination or reduction of cellular telephone use/service constitutes a **terminable offense** if the employee continues to receive a stipend.

Employee _____ Date _____

Department Head _____ Date _____

Vice President _____ Date _____

Controller _____ Date _____

President _____ Date _____

Human Resources _____ Date _____