



## FORM 1

### WIRELESS COMMUNICATION DEVICE JUSTIFICATION AND ACKNOWLEDGEMENT REQUEST FORM

(New and Revisions)

#### Section A: Justification of Business Need

#### Section B: Stipend Recommendation Acknowledgement

#### Section C: Approvals

Employee Name (Print): \_\_\_\_\_

Employee Title: \_\_\_\_\_

Employee SAP PERNR: \_\_\_\_\_

Employee Fund Center: \_\_\_\_\_

Employee Cell Phone Number: \_\_\_\_\_

#### **Section A: Justification of Business Need (check all that apply)**

- The duties of the position may lead to potentially dangerous scenarios and situations with no other acceptable or reliable means of alternative communications.
- The duties of the position require that the employee work regularly in the field and need to be immediately accessible.
- The duties of the position are such that immediate emergency response is critical (executive, police, or emergency responder) or the employee is responsible for critical infrastructure or operational support and needs to be immediately accessible at all times (telecommunication, computer, or network responder).
- The duties of the position require **regular** travel during normal work hours or outside normal hours but related to official university business and access to information technology systems, in which the judgment of the university, render the employee more productive and/or the service the employee provides more effective.
- The duties of the position require response and decision making to life-threatening or public safety issues and situations.
- The duties of the position make it necessary that the employee be accessible to communicate with senior management at any time.
- The President of the University deems it necessary to ensure the flow of information and critical support of the university mission.

[ ] Special circumstances. Please specify\_\_\_\_\_.

**Section B: Stipend Recommendation Acknowledgement**

President/VP/AVP/Dean/Associate Dean (“Requestor”) Signature: \_\_\_\_\_

(Signature indicates that the justification of business need has been reviewed, approved, and that a stipend is recommended based on the business need)

Date: \_\_\_\_\_

Employee Department: \_\_\_\_\_

Employee Fund Center: \_\_\_\_\_

Est. Bus. Min.	Plan ID	Est. Business Plan Cost	Total Stipend (1)
200	1	\$ 28.69	\$ 28.69
450	2	\$ 32.79	\$ 32.79
<b>Est. Bus. Data</b>			
UNL Data/Web	3	\$ 22.50	\$ 22.50
<b>Est. Bus.Txt.</b>			
250	4	\$ 5.00	\$ 5.00
500	5	\$10.00	\$10.00

(1)-Stipend will be monthly in accordance with the PASSHE processing schedule for WCDs. Gross Up no longer applies Please contact the Payroll Office with any questions.

*NOTE: In the event of separation, the monthly stipend will be prorated based on the date of termination.*

**Check Recommended Plan(s):**

- 1     2            - Voice Plan
- 3                        - Data Plan
- 4     5            - Text Plan

**Employee Responsibility:**

1. When a wireless communication stipend has been approved and provided to an employee for the conduct of official business, the employee must comply with the following:
  - a. The employee will provide the phone number within five days of activation.
  - b. The employee must inform the university immediately when the eligibility criteria are no longer met or within 5 working days if the wireless service has been cancelled.
  - c. Management may periodically request that the employee provide a copy of the first page of the phone bill in order to verify that he/she has an active wireless phone plan. Management may also periodically request documentation of substantial business use. At minimum, documentation is required when initially applying for the stipend and annually when the stipend is renewed.
  - d. The employee is responsible for all charges on his/her personal wireless plan, including early termination fees. If the employee leaves the position, he/she continues to be responsible for the contractual obligations of his/her wireless plan.
  - e. The employee is personally responsible for complying with international, federal, state, and municipal laws regarding the use of wireless phones and other communication devices while driving. Under no circumstances will Bloomsburg University be liable for non-compliance.
  - f. The employee should use discretion in relaying confidential business related information over any wireless devices since wireless transmissions are not secure.
  - g. The employee does not need to maintain a log for business and personal phone calls if receiving a wireless stipend.

I have read and understand the wireless communication device policy, the recommended stipend allowance, and the related employee responsibilities:

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: This form is routed to the Divisional Vice President and the Vice President for Administration/Finance for review and approval of the stipend recommendation acknowledgement. Approved stipends will be communicated to the employee and the Requestor via e-mail. In the event that a stipend recommendation is denied, the appropriate Requestor will be notified and will be responsible for communicating this to the employee.**

**Section C: Approvals**

**Division Vice President:**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: Approval not necessary if section B, Stipend Recommendation Acknowledgement, if the requestor is the President or a Vice President.

**VP for Administration/Finance:**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: VP for Administration/Finance approval is required for all requests. In the event that the VP for Administration/Finance is the Requestor on Section B, Stipend Recommendation Acknowledgment, the President will provide the final approval.

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The Telecommunications Services Office must sign off on "DATA" capable phone to ensure compatibility with the University Telecommunications Network, and email system.

**Telecommunications Services Office**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Human Resources:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[ ]-Copy to Payroll; Date \_\_\_\_\_