



Texas Southmost College
CELLULAR TELEPHONE STIPEND REQUEST FORM

Employee Name: _____ Employee ID Number: _____

Job Title: _____ Department Name: _____

Allowance Start Date: (monthly): _____ Cell Phone Number: _____

The above employee meets the following documented official school business need for a cellular telephone (select all that apply):

- The employee has authority and responsibility for critical decision making impacting the business operations of the department and College.
- The job duties of the employee require considerable time outside of their assigned office or work area, and it is important to the College that the employee is accessible during those times (e.g. during travel or employee is required to be mobile throughout college campuses).
- The job duties of the employee require them to be accessible outside of scheduled or normal working hours on a reoccurring basis.

Salary Supplement

All allowances are considered salary supplements and will be reported as taxable compensation. Allowances do not qualify as compensation for TRS or ORP. Allowances will be funded from Operating funds. Check stipend that applies:

- Vice-Presidents \$85.00
- Associate Vice-Presidents, Deans and Administrators \$60.00
- Other \$35.00

Acknowledgement

By signing this request, the employee acknowledges that he/she has access to the Cellular Telephone Stipend Policy, he/she understands the allowance is being provided because of an official school business need, and he/she agrees to provide his/her Dean/Director with the cellular telephone number and to be accessible through this communication device. He/she further acknowledges that allowances are contingent upon a continued business need as defined in the Cellular Telephone Stipend Policy and acknowledges that stipends are subject to termination at the request of the Dean/Director. In the event of an official investigation, Freedom of Information Act request, Texas Public Information Act request, or a subpoena the employee may be required to provide their service statement and call detail records to law enforcement and/or others as required. If at any point during this contract there is no longer a business need for an allowance, it is the responsibility of the Dean/Director to notify the HR Office by submitting a Termination Cellular Telephone Stipend Form.

1 _____
Signature of Employee _____
Date

2 _____
Signature of Dean or Director _____
Date

3 _____
President or Division Vice President _____
Date

4 _____
Signature of Controller _____
Date

For Human Resources Office Use Only:	
Approved: _____	Entered By: _____
Date: _____	Date Entered: _____

Issued:
Revised: