



FORM 4

WIRELESS COMMUNICATIONS STIPEND STATUS FORM

(This form used by AVP, Dean, Associate Dean for yearly review and re-authorization, or cancellation of allowance)

Employee Name (Print):

Employee Title:

Employee SAP PERNR:

Please Check the Appropriate line:

_____ The employee status remains the same. The allowance for the cellular phone service is to continue.

_____ The employee status has changed and the allowance for the cellular phone service is to be discontinued beginning _____, 20____.

Note: any changes in stipend due to changes in plan costs, levels, and types of service, or equipment must be submitted using the Wireless Communication Device Justification and Acknowledgement Request Form.

AVP/Dean/Assoc. Dean (please print): _____

Signature: _____

Date: _____

Forward the completed form to Human Resources

Human Resources Director: _____

Signature: _____

Date: _____

Human Resources Only

Archived: _____ Date: _____