

University of New Hampshire Cooperative Extension Cell Phone Stipend Agreement

Employee Name: _____

Job Title: _____

Business Purpose/ Justification:

Tier: _____ Monthly Request* _____

Tier	Plan	UNHCE Monthly Cap
Tier I	Data Plan Only	\$30
Tier II	Talk & Text Plan	\$50
Tier III	Talk/Text/Data Plan	\$70

*Based on tiers above- monthly allowance amount cannot exceed the monthly cap. Note, employees may elect to receive lower monthly amounts if desired, but changes should not be made month to month.

Allowance Start Date** : _____ (Earliest effective date to be the start of the next pay period following receipt by the BSC.)

Allowance End Date***: 06/30/2014

Cellular phone #: _____

Cellular Carrier: _____

Funding Source: _____ (Leave blank – UNHCE BSC to complete)
Fund *Org*

Policy Summary

Employees who hold positions that include the need for a cell phone may receive a cell phone allowance to compensate for business-related costs incurred when using their personally-owned cell phones. The allowance will be considered **a taxable benefit to the employee.**

Employee Responsibilities

Recipients of a Cell phone allowance have the following responsibilities:

- Purchase cellular phone service and equipment and assume responsibility for all vendor terms and conditions. The employee is responsible for plan choices, calling areas, service features, termination clauses, term agreements and paying all charges associated with the cell service, device and replacement costs.

Routing: Staff - Supervisor / BSC –HR Partner

- Select a service provider, plan and features that meet the minimum requirements of the job and at least the level of service that the allowance is intended to cover; and ensure the carrier selected has service in required usage areas, such as on campus and/or at home as required by the department.
- Maintain an active service contract for the duration of the allowance. Provide Documentation to Department Head of the contract. If the employee terminates the wireless contract at any point, s/he must notify his/her supervisor within 5 business days to terminate the allowance.
- Promptly report any cell phone number or plan changes. If a cell phone/device with data capabilities is stolen or missing, it must be reported to the employee's supervisor, the wireless device service provider, and to UNH IT as soon as possible. The employee is responsible for notifying their mobile carrier immediately upon loss of a device.
- A device with data capabilities must be secured based on current security standards including password protection and encryption
- Comply with all Federal and State data maintenance and protection laws (e.g., FERPA, records retention requirements), as well as all University policies, including those pertaining to data security, password protection, acceptable computing use, and email. Please refer to <http://www.usnh.edu/olpm/UNH/VI.Prop/F.htm>
- Delete all University data from the cell phone when employment with the University is severed, except when required to maintain the data in compliance with a litigation hold notice.

Employee Certification

By signing below, I certify that I have read, understand, and agree to the Cellular Phone Policy and my responsibilities under the policy. I further certify that the above allowance will be used toward expenses that I incur for cell phone usage for business purposes. I understand that the allowance provided is the sole compensation provided and that UNH has no other responsibility or obligations for the business use of my personal cellular device.

Employee Signature

Date

I certify that the above named employee requires the service indicated to conduct official UNH Business. I will notify BSC promptly if the allowance should be changed or discontinued.

Program Team Leader Name

Program Team Leader Signature

Date

*** Allowance payment will begin with the next payroll following approvals*

****The end date is June 30th of each fiscal year. Request cannot cross fiscal years. New form is required each fiscal year.*