

# University of New Hampshire Cooperative Extension Cell Phone Stipend Agreement Form

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

Job Title: \_\_\_\_\_

Business Purpose/ Justification:

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Monthly Request (\$30 Cap): \_\_\_\_\_

The monthly allowance amount cannot exceed the \$30 monthly cap.

Allowance Start Date: \_\_\_\_\_

Allowance End Date\*\*: 06/30/2020

Cellular phone #: \_\_\_\_\_

Cellular Carrier: \_\_\_\_\_

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

## 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.
- 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 requested. 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

Routing: Staff → PTL or Supervisor → BSC

- 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 (<https://www.unh.edu/hr/unh-cell-phone-policy-updates>) 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.

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\_\_\_\_\_  
*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/Supervisor Signature*

\_\_\_\_\_  
*Program Team Leader/Supervisor Name*

\_\_\_\_\_  
*Date*

*\*\*The end date is June 30<sup>th</sup> of each fiscal year. Requests cannot cross fiscal years. A new form is required each fiscal year.*