



EASTERN KENTUCKY UNIVERSITY
CELLULAR STIPEND REQUEST APPLICATION

This application for a cellular stipend must be completed by the requestor and their supervisor. Completed and signed application must be forwarded to Telecommunications, Perkins 345.

*** Please read Cellular Allowance Regulation prior to completing this application. ***

Requestor Identification Information: (Please complete all items.)

Name: _____ Date: _____ EKU ID# _____
Department: _____ Campus Ext: _____ Title: _____
EKU Email Address: _____ Budget Head: _____
Orgn Code: _____ Current Cell # (if applicable): _____
may

Requestor Qualification for Cellular/Data Services: (Please complete all items.)

- 1. Which of the following criteria qualifies you for cellular/data services? (Circle all that apply.)
A. Travel - Employees who frequently travel or are out of their office and need to be in contact with staff, clients, managers, or other University constituents.
B. Work Location - Employees who typically work in the field or job sites where access to telephones and computers are not readily available.
C. Emergency and After Hours Responders - Employees who need to be contacted and/or must respond in the event of an emergency, or are required to be on call during non-business hours.
D. Other - Exempt employees who are required by the nature of their work responsibilities to be accessible outside the regular work schedule. Non-exempt employees and faculty should not qualify under this criterion.
2. How frequently do you travel for the university on business? Daily Weekly Monthly Occasionally Never
3. Are you required/expected to answer and respond to telephone calls outside your scheduled work hours? Yes No
4. Are you required/expected to respond to text messages outside your scheduled work hours? Yes No
5. How do you use text messaging to conduct university business? _____

*** Please continue application on reverse. -> -> ->

___ **Personal Stipend Plan**

(Select required services as determined in previous section. Stipend amounts are as noted below. The Personal Stipend Plan is 100% taxable.)

- \$10/month
- \$35/month

Signatures and Approval: *(No proxy signatures or substitutions permitted.)*

I have read the ***Eastern Kentucky University Cellular Allowance Regulation.***

Requestor Signature: _____ Date: _____

Approver Signature: _____ Date: _____
Dean or Vice President

***** Please review application thoroughly prior to submission. Make sure all information is correct and all sections are complete. An incomplete application may be returned to you and will delay processing. *****

(For Telecommunications use only.)

Cell #: _____	Date Issued: _____	Initials: _____
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