



Cell Phone Stipend Request Form

Messiah College provides a noncompensatory allowance for those positions deemed by the respective Provost/ Vice President (area Vice President) to have substantial business purpose requiring use of a cell phone. It is the College's intention to align its cell phone allowance program with the IRS' "Substantial Noncompensatory Business Reasons Criteria" as well as other guidance provided by the IRS for parameters of nontaxable cell phone allowances. This form substantiates the noncompensatory business purpose for the allowance to be nontaxable to the recipient as well as the terms and conditions of the program. This form is to be completed at the time the allowance is approved. The allowance will remain in effect until the payroll office is notified of a change. Area Vice Presidents will be provided a list of cell phone recipients for review each year and complete a new form only if changes are necessary.

Employee Name _____ Position Title _____

Dept. Name _____ Org. # _____ Expense Acct. # **6152**

Allowance Program Selection and Approval: *To be completed by Provost/Vice President. Allowances will generally be effective the first pay period after receipt of form.*

New Form Modify existing agmt. Terminate agmt. effective date _____

Special Notes (if applicable):

Plan Authorization and Substantial Business Purpose:

Select all business purposes those that apply for allowance program authorized (new or modified agreements only).

<input type="checkbox"/> Basic (Check box at left to authorize Basic Plan)	<input type="checkbox"/> Extended (Check box at left to authorize Extended Plan)
Employee's work requires consistent cell phone use across campus because employee's work requires significant mobility.	Employee travels for work and/or addresses significant issues for the College while away via his/her phone.
Employee travels extensively for work and needs to be in contact with the College regularly.	Employee uses cell phone on campus to manage situations on a regular basis.
Employee needs to be reached regularly after hours.	Employee needs to be reachable nearly 24/7 for emergency situations, media issues, and crisis management.
Employee is expected to open, read and respond to email after hours on a consistent basis via his/her phone.	Employee is expected to open, read and respond to email via his/her phone after business hours on a consistent basis.
	AND: Employee is expected to be able to download documents, draft correspondence and interface with websites via his/her phone on a regular basis.

Allowance rate was based on review of national provider rates for individual plans as of Feb. 2015 and represents reimbursement of 50% for basic program and 75% for extended program.

Provost/Area Vice President Signature _____

Date _____

I certify that I have read and agree with the above terms of agreement. I further acknowledge that, if form is completed electronically, typing my name serves the same purpose as affixing my original signature to this document.

Terms of Agreement: *To be completed by Cell Phone Allowance Recipient*

By accepting a cell phone allowance from Messiah College, recipient agrees to the following:

- Purchase and maintain an appropriate cell phone plan to carryout specified business purpose, including email and calendar functions, if applicable to business purpose.
- Recipient assumes responsibility for vendor terms and conditions, purchase, loss, damage, insurance and/or replacement of phone equipment.
- Recipient agrees to carry cell phone with them, charged and in operational condition, use it appropriately, and be accessible for specified business purpose as determined by Vice President and Supervisor and as defined in the Messiah Cell Phone Policy located on the Business Office channel of MC Square.
- Promptly report to the Division's Vice President Office any updates or changes regarding cell phone numbers or plan changes that could impact carrying out specified business purpose.

Cell Phone # (including area code) _____

Cell Phone Provider _____

Employee ID (Cell Phone Allowance Recipient) _____

Employee (Cell Phone Allowance Recipient) - Signature _____

Date _____

I certify that I have read and agree with the above terms of agreement. I further acknowledge that, if form is completed electronically, typing my name serves the same purpose as affixing my original signature to this document.

Upon completion, return to **area VP Office** who will review and share information with the **Payroll Office**.