



Mobile Communications Device Stipend Request Form

New Stipend Request Terminate Stipend *(Complete applicable fields)*

General Information:

Employee Name: _____

Department: _____ Work Phone: _____

ND ID (9xxxxxxx): (9 _____) Cell Phone: _____

FOAPAL: (_____) (_____) (_____) (_____) (_____) ND Email: _____

Fund Org Acct Prg Activity

User Agreement (Please read and sign this document):

Participation in the University of Notre Dame Mobile Communications Device Stipend Program is a privilege that also carries responsibilities. As a participant in the University of Notre Dame Mobile Communications Device Stipend Program, I agree to comply with the following rules regarding receipt of the stipend.

1. I understand that employees must qualify for the stipend program by meeting established criteria in the definitions section in the [policy document](#) and with recommendation of their supervisor and approval of Vice President, Associate Provost, or Dean.
2. I understand that program stipends are taxable compensation to the employee, subject to required payroll tax withholdings. Program stipends are not considered additional base pay and thus are not eligible for benefits calculated on base pay.
3. I understand that mobile communications devices are the personal property of employees; the employee is responsible for any loss, theft, or damage.
4. I understand that mobile communications service contracts are considered personal to the employee; the University will not service the contract. The employee is responsible for complying with all contract terms, including payment to the service provider.
5. I understand that employees receiving the stipend agree to provide the sponsoring department with current contact information within 3 business days of inclusion in the stipend program or within 3 days of a change in that information.
6. I agree to notify payroll within 3 business days of a change in my stipend eligibility; I understand that any change in my stipend status will be processed by Payroll Services for the next applicable payroll date. Receipt of this approved request form by Payroll Services seven business days or less of a scheduled payroll date will be processed on the recipient's next scheduled payroll date.
7. I have read and agree to comply with the [Mobile Communications Device Policy](#). Failure to comply with the policy requirements may result in termination of my inclusion in the Mobile Communications Device Stipend Program by the University of Notre Dame.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Supervisor Name (printed) _____

Dean/VP/Assoc Provost Signature _____

Date _____

Please return this form to Payroll Services:

By Mail: 724 Grace Hall, Notre Dame, IN 46556

Or by Fax: 574-631-3138

Or by Email: payroll@nd.edu