

**Cellular Services Stipend Authorization Form**

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

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

BGSU ID: \_\_\_\_\_

Department Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Department Code: \_\_\_\_\_

Program Code: \_\_\_\_\_

New Stipend :

Stipend Adjustment:

Stipend Termination:

**Services Stipend:**

To determine the stipend amount, supervisors and employees should work together to research the appropriate level of service required to accomplish their job responsibilities.

Stipend amount guidelines are provided at <http://www.bgsu.edu/its/tsc/self-help/page9499.html> The amounts were averaged from major cellular service providers for various services provided as well as the amount of each service needed. Stipends should be based on and calculated to cover **University business usage only**.

Cellular Services Monthly Stipend Amount: \$ \_\_\_\_\_

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

**Employee Certification**

I certify that the above stipend will be used toward expenses that I incur for cellular services usage for business purposes. I further certify that should the business usage significantly decline for a sustained period, that I will notify my supervisor in writing, as soon as practicable. I understand that this stipend will be included on my W-2 form as taxable income. I further understand that I have read and agree to the Cellular Services Policy and that Bowling Green State University is not responsible for the tax consequences of the stipend or the business use of my personal cellular device.

\_\_\_\_\_  
Employee

*Signature not required on stipend termination*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/Division Head

*Signature not required on stipend termination*

\_\_\_\_\_  
Date

All completed forms should be returned to the Office of Human Resources for processing.

**Fax:** (419) 372-2920 -or- **Mail:** 1851 N. Research Drive

Human Resources will send processed forms to the employee's department office as official copy.