Electronic Device Allowance Agreement

Print Form

Please select one

☐ 1. New Personal Stipend (Requires all approval signatures)

☐ 2. University Owned

☐ 3. New Employee in a Position Already Approved For a Stipend (Only requires employee and supervisor signatures)

Employee Name (Last, First, MI)

BSU - ID

Department Name

Department Account Number

Employee E-mail address

Employee Position Number

Supervisor Name (Last, First, MI)

Electronic Device (Cell) Number

I am paid Bi-weekly_____ **Monthly**_____

Previous Employee Name (if #3 applies)

Please select one of the following plan provisions	
☐ Basic	Basic plan includes provisions for voice only.
☐ Average	Average plan includes provisions for normal levels of voice, data, and text usage. It also includes provisions for insurance and device replacement.
☐ High	High plan includes provisions for increased levels of communications and perhaps more than one device. It is anticipated that very few employees will fall into the high plan. **Additional justification is required below, along with the approval signature of the Vice President of that area.**
☐ University Owned	The bill for this device will be paid by the issuing department. Telephone Services will work with the department to choose the lowest cost plan to fit the expected use.

Justification for needing an electronic device *(REQUIRED FOR ALL APPROVALS*).

Additional justification for needing high usage.

I have read the Electronic Devices Policy V.1.4 and understand my responsibilities.

FOR PERSONAL DEVICES
As the employee, I understand these allowances are considered nontaxable compensation and are NOT part of my base salary.

FOR UNIVERSITY-OWNED DEVICES
As the employee: I agree the equipment is to be used primarily for official business and that any personal use of the equipment will be incidental in nature. I am responsible for safeguarding the equipment, including any data on the equipment.

This agreement supersedes previously executed agreements.

Signatures required for new employee in a position already approved for a stipend

Employee **Date**

Supervisor **Date**

Additional signatures required for approval of a new personal stipend

Department Head **Date**

Vice President/Dean/Athletic Director **Date**

Director of Business Operations and Project Management **Date**

FINAL APPROVAL **Vice President of Business Affairs and Treasurer** **Date**

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4.16.12