

**University of Connecticut
Payroll Department
Wireless Device Stipend Approval Form**

Name of Employee: _____

Employee Number: _____

Stipend Purpose: **Begin** **Amend/Modify** **Cancel**

Effective Date: _____

Select Tier(s) - Data plan can be standalone or added on to a Voice Plan:

Voice Plans:

Tier 1 - \$18.46 per biweekly pay period (\$40/month)

Tier 2 - \$27.69 per biweekly pay period (\$60/month)

No Voice Plan

Data Plan:

Tier 4 - \$20.77 per biweekly pay period (\$45/month)

(See Section 5 of Wireless Device Communication Policy for description of the Tiers)

The signature below confirms that all associated documentation outlined in the Wireless Communication Device Policy has been reviewed and completed by the employee and approved by the Dean, Director, or Department Head.

Signature of Employee

Date

Signature of Supervisor

Date

Signature of Dean, Director, or Department Head

Date

The original form should be sent to the Payroll Department, Unit 2111 for payment and a copy retained in the department.