

MCD Stipend Request Form

Employee Name: _____ Employee ID: _____
Employee Title: _____ Supervisor's Name: _____

1. Purpose of MCD stipend request: Describe typical business usage: _____

2. Review the Stipend Guidelines at <http://www.drew.edu/MCDStipendGuide.htm>. Then specify the amount of the stipend for each service/feature. Standard stipend rates are listed next to each plan. **In general, the total stipend amount should not be more than what Drew pays for similar services with AT&T or Verizon.**

Voice (if needed)	
<input type="checkbox"/> 450 minutes (<i>Standard voice plan - \$31</i>)	
<input type="checkbox"/> 900 minutes (<i>For high volume calling. Please explain in #1 above if selecting this plan - \$47</i>)	
<input type="checkbox"/> Other : _____	Cost: \$ _____
Data (if needed)	
<input type="checkbox"/> Unlimited Data (<i>\$32 with voice plan, \$38 if no voice plan is selected</i>)	Cost: \$ _____
Text messaging or other features (if needed)	
<input type="checkbox"/> 200 text messages (<i>\$5</i>)	
<input type="checkbox"/> 1500 text messages (<i>\$10</i>)	
<input type="checkbox"/> Unlimited messages (<i>\$20</i>)	
<input type="checkbox"/> Other Feature: _____	Cost: \$ _____
Total Monthly Cost: \$ _____	

3. Non-recurring (one time) stipend amount (for cases where the employee needs to buy a new phone to meet work needs). The maximum recommended one-time stipend payment for a phone is up to \$99 (see <http://www.drew.edu/MCDStipendGuide.htm>): \$ _____

4. Do you currently have a Drew-owned phone? Yes No

5. GL org # to be charged (e.g. in the GL 102790.70400, the org code is 102790) _____

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6. Signatures: This form requires multiple levels of approval. Signatures should be obtained in sequential order (e.g., do not send the form to Telecom if the VP Finance signature is blank). Only the lines marked "Required" are mandatory. The rest are optional depending on your department's normal approvals process:

Employee (Required): _____ Date _____

Supervisor: _____ Date _____

Next level supervisor: _____ Date _____

Next level supervisor: _____ Date _____

VP (Required): _____ Date _____

VP Finance (Required): _____ Date _____

Telecom (Required): _____ Date _____

- *Once your personal cell phone service has been established (or if it was pre-existing) send Telecom a copy of a document (e.g. invoice, contract) from your carrier clearly showing the date at which service started (or was pre-existing). Telecom will then pass this information along to payroll so your stipend payments can begin at the correct time.*
- *Forms received at payroll before the 20th of the month will be processed in that month's pay cycle. Forms received after the 20th will be processed in the following month's pay cycle.*
- *You will receive your stipend as a taxable benefit in your monthly pay check (bi-weekly employees will receive the stipend once a month as well)*

For Telecom and Payroll use only:

First month stipend amount: \$ _____

Recurring monthly stipend amount: \$ _____

Date form arrived at Telecom _____

Stipend effective start date _____