

Smartphone Authorization Form

This form should be used to request and obtain approval for a Smartphone monthly stipend. All stipends will be paid on the fifteenth of each month. All paperwork must be received by the first day of the month in which you wish to begin your stipend.

Requestor Information

Requestor Name:	Employee #
Justification of Smartphone use:	
I have read the Smartphone Policy and agree to all obligations	
Requestor Name (Print)	Date:
Requestor Signature:	

Stipend will be activated subsequent to receipt of VP/Executive approval. Requestor agrees to follow the guidelines listed in the Madison College Smartphone Policy. To obtain the monthly stipend please record the information below, obtain the necessary signatures, and then send this completed form to the Payroll Department.

Make/model of Smartphone: _____ **Telephone Number:** _____
Wireless Carrier: _____

Budget Manager Approval

Budget Manager's Name:	
I approve this request our payroll chartfield is: _____ - _____ - _____ - _____	
Budget Manager Name (Print)	Date:
Budget Manager Signature:	

VP/Executive Dean Approval

VP/Executive Dean Name:	
I approve this request	
VP/Executive Dean Name (Print)	Date:
VP/Executive Dean Signature:	