



Employee Wireless Services Compensation Agreement

Employee Information				
Employee ID#	Last Name,	First Name	MI	Job Title

Department Information		
Department/Org. #	Department/Org. Name	Manager/Supervisor Name

Stipend Information		
Cell Phone Number	Payroll Start Date	Monthly Compensation*

*Enter \$25/month for moderate use or \$40/month for heavy usage.

The Employee Wireless Service Compensation is for employees whose duties and responsibilities require substantial business use of a cellular telephone. The employee must meet the following criteria:

- Job requirement as a first responder on-call before and/or after assigned work hours;
- Substantial job duties conducted away from campus;
- Safety requirements making cellular phone service an integral part in performance of job duties; or
- Critical decision-maker.

Employee Certification & Signature

I certify that I meet the above requirements and that I will use the funds requested toward the business use designated above. I will promptly report any changes in the level of those business expenses to my supervisor. I further certify that I have read, understood and intend to comply with the University of Toledo Wireless Communication Business Expense Policy.

Employee Signature Date

Supervisor's Signature Date

Vice President/Other Approval

I certify that the employee meets the above requirements and that the requested compensation is needed for this employee to cover work related expenditures.

Dept. Chair Signature if Applicable Date

Dean Signature if applicable Date

Vice President Signature Date

Please keep a copy for your records.
Send completed form to the Payroll Department by May 31st.
Email: Payroll@utoledo.edu
Fax: 419-530-8787
Mail Stop 975