THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

1269.1.1f – Mobile Communication Device (MCD) Justification

TYPE OF ACTION (Check one):

☐ **Begin** Plan Participation
☐ **Change** Plan Participation
☐ **Terminate** Plan Participation

EFFECTIVE DATE OF ACTION (MM/YYYY): _____

USER INFORMATION		
Employee FIRST Name, MI:	Employee LAST Name:	PID:
Employee Title:	Position #:	☐ EPA ☐ SPA
Dept/Unit:	College/School/Division:	Dept. No:
Supervisor Name:	Supervisor Email:	Phone #:
HR Facilitator Name:	HR Facilitator Email:	Phone #:

CATEGORY (Check one):

Employee-owned MCD (*complete stipend boxes below*) PHONE #: _____

STIPEND PLAN (Check one):

☐ Voice: $35/month
☐ Data: $35/month
☐ Voice + Data: $70/month

☐ **Senior-level** employee
☐ Employee who must be available **24/7**
☐ Employee who is primarily in **travel status** or "**in the field**" a significant amount of the time
☐ Other: _____

SIGNATURES:

I certify that I understand the eligibility and usage requirements of the MCD procedures and agree to comply with all conditions of, and responsibilities for, participation in this plan. This form has been completed fully and accurately to the best of my knowledge.

Employee Signature: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Department Chair/Director/Dean: _____ Date: _____

Other Information:

- Employees paid monthly receive the stipend in each monthly payroll check.
- Employees paid biweekly receive the stipend in the second biweekly payroll check of the month.