

Chicago State University - Stipend Form

Fax completed form to (773)995-3762 - Office of Telecommunications, Questions, call (773)995-2559, option 1

1. Employee Name: Employee ID:
Employee Title: Department:
Account Name: Account Code:
(Fund Code - Org Code - Account Code)

2. **Action Requested**
 New Change (Addition or Reduction in Stipend Allowance) Cancellation

3. **Eligibility Criteria**
(Employee must meet the first three and/or the last of the eligibility criteria to be approved for a stipend allowance)
 Employee's job requires substantial time out of the office and the employee needs to be immediately accessible to receive and/or make frequent CSU business related calls.
 Employee's job requires the employee to be immediately accessible to receive and/or make frequent CSU business related calls outside of standard business hours (9:00am-5:00pm)
 Employee's job requires internet access outside of standard CSU business hours (9:00am - 5:00pm).
 Employee's job duties away from the office may expose the employee or others to immediate harm or danger without the ability to receive or make business calls.

4. **Stipend Allowance**
(The stipend plans **CAN NOT** exceed the allotted monthly amounts)
Voice Plans: Data Plan: Text Plan:
Total Monthly Allowance:

5. **Additional Information**
Is this stipend request for a CSU owned Device? Phone Number: _____
Are there additional family members on your phone bill? Carrier:

6. **Signatures**
(Please return completed form to the Office of Telecommunications, located in Douglas Hall (DH) Room 122)

Employee:	_____	Date:	_____
Department Head:	_____	Date:	_____
Telecom:	_____	Date:	_____
Human Resources:	_____	Date:	_____