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| **FAS Mobile Phone/Stipend Approval Form** |
| **Department/Center/Business unit:** |  |
| **Name & HUID of staff member:** |  |
| **Job title of staff member:** |  |
| **Employee Status & Effective date:** | **( ) New Employee ( ) Current Employee****Effective Date: \_\_\_/\_\_\_/20\_\_\_** |
| **Name & Harvard email address of supervisor submitting request:** |  |
| **Harvard phone number of supervisor submitting request:** |  |
| **Type of request:** | **( ) Harvard owned phone ( ) Monthly $50.00 stipend** |
| **Departmental coding to charge stipend (object code must be 8510, cannot be charged to federal sponsored funds)** | **\_ \_ \_ \_ \_ \_ \_ \_ 8510 \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** **Tub Org Fund Activity Sub-Act Root** |
| **\*Please attach a separate sheet with the employee’s job description and/or an explanation of business necessity.\*** |
| Select the reason staff member requires mobile phone or stipend **(check all that apply).** . |
|  | 1. ***24/7 access employees:*** day to day job responsibilities require routine response to **urgent (immediate action required)** University business at any time of the day or night – e.g., addressing student/lab safety issues, answering media requests, handling on-call server operations, etc.
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|  | 1. ***Mobile employees***: job requires routine field work and need to communicate real time with office to give or receive direction – e.g., property assistants, IT field techs, social media managers.
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|  | 1. ***Frequent travelers*** (defined as at least 30 travel days per year).
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|  | 1. ***Other business cases*** proposed and justified by direct supervisor; must meet at least **ONE** of the following criteria:
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|  | * 1. Role requires staff member to routinely respond to urgent (immediate action required) University business while staff member is away from the office; supervisor must explain business necessity.
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|  | * 1. Role requires staff member to be routinely available while in remote locations, supervisor must explain business necessity.
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|  | * 1. Other business case; supervisor must explain business necessity. **(Such as grandfathered employee transitioning to BYOP)**
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| **I certify that this request is in compliance with the Harvard University Mobile Phone Policy:** |
| **Signature of Supervisor/Date:**  |  |
| **Signature of DA submitting request/Date:** |  |
| **Signature FAS Dean for Administration & Finance/Date:** |  |

**Please forward to FAS Dean for Administration & Finance for approval.**