



MOBILE DEVICE EMPLOYEE AGREEMENT

Name (Last, First MI) _____ LSU ID _____

Department _____ Office Phone _____

E-mail _____ Cell Phone _____

I have read the terms of the LSU Finance & Administration Operating Procedure, FASOP: AS-24 "Mobile Device Stipend Request", and I understand the employee responsibilities as outlined. I understand that in accordance with this policy that I will receive a monthly stipend of _____ to be used to procure mobile communication service and devices that are needed in conjunction with the performance of my job duties.

I understand that LSU's contribution toward mobile communication service is taxable income that will be reported on my W-2 and is NOT part of my base salary and that any device purchased is my personal responsibility. I understand that the communications stipend must be used to maintain a device that is capable of voice, e-mail, and text messaging and that the cell number will be registered with LSU, as well as provided as directory information on the University's online directory.

I understand that I am responsible for the payment of any cost that exceeds the stipend and acknowledge that I have been informed that I must maintain mobile communication service and devices in order to receive this stipend.

APPROVALS	Signature	Printed Name	Date
Employee			
Supervisor			
Dean, Dir, or Dept Head			

Send completed form to LSU Human Resource Management after retaining a copy in departmental files.