

**Tech Tools: Cell Phones and Portable Electronic Resources**

Sample Verification Statement for Stipend

(Department/Unit Name here)

This form is used in accordance with Standard Practice Guide 514.04, when the university provides a stipend for a portion of the cost of an electronic resource and/or associated service fees.

**SECTION COMPLETED BY UNIT**

**Business Use**: As unit representative, I verify that this employee requires the use of this portable electronic resource to conduct her or his job-related responsibilities. I further verify that this stipend pays for the business use of the resource.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funding Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funding End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll frequency:  Monthly  Bi-Weekly

Cellular number of device (include area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval of stipend in excess of capped limit (optional):**

As a Dean, Director, or Department Manager, I hereby waive the capped limit on the monthly stipend for legitimate business rationale.

Monthly stipend: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION COMPLETED BY EMPLOYEE**

**I, the employee, understand and agree to the following:**

• I certify that I have read the [university policy](http://spg.umich.edu/policy/514.04) and am aware of and agree to abide by the university guidelines for the appropriate use of information resources.

• I certify that the resource will be used for for business purposes.

• I agree that I am the owner of this resource and am responsible to maintain the equipment and service fees, including repairs and replacement, and payment of invoices.

• I agree that I will inform the unit representative during this fiscal period if the device is no longer used for business purposes.

• I agree that upon termination of employment with the university that I will delete all university data from this resource except when instructed to retain data for legal purposes.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_