NC STATE UNIVERSITY

Mobile Communication Device (MCD) Justification Form

This form is required to initiate and re-certify annually (**by January 31** of each year), an employee's eligibility and approval to receive an employer-paid allowance for business use of their personal mobile communication device (MCD); or, to receive a university-owned MCD to be used for business purposes only. Also use this form to document the termination of an employee's participation in this plan. Maintain this form in the department as history and justification of the employee's participation.

USER INFORMATION		
Dept/Unit:	College/Division:	OUC:
Employee FIRST Name, MI:	Employee LAST Name:	Empl ID #:
Employee Title:	Position #:	Phone #:
Supervisor Name:	Supvsr Email:	Phone #:
Dept HR Representative Name:	HR Rep Email:	Phone #:

CATEGORY (Check one):

○ University-owned MCD :   PHONE #: _____

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

ALLOWANCE PLAN(Check one):	ALLOWANCE FREQUENCY (check one)
o Voice: $35/month* o Data: $35/month* o Voice + Data: $70/month* ∗ *Pro-rate, if for partial month*	O Monthly (each payroll) O Quarterly (Mar, Jun, Sept, Dec)

TYPE OF ACTION (Check one):

○ **Begin** Plan Participation
○ **Change** Plan Participation
○ **Terminate** Plan Participation

EFFECTIVE DATE OF ACTION (MM/DD/YYYY):   _____/_____/_____

JUSTIFICATION FOR MCD, as designated by MCD Procedures (Check all that apply):

○ **Senior-level** employee
○ Employee who must be available **24/7**: _____ *FLSA-Exempt,* OR _____ *FLSA Non-Exempt*
○ Employee who is primarily in **travel status** or "**in the field**" a significant amount of the time:
_____ *FLSA-Exempt*, OR _____ *FLSA Non-Exempt*

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 and with all relevant policies concerning the use of such a device. This form has been completed fully and accurately to the best of my knowledge.

Employee Signature: _____   Date: _____

Signature of Supervisor: _____   Date: _____

Dean/Director/Department Head: _____   Date: _____