

**SOUTH TEXAS COLLEGE
CELLULAR TELEPHONE STIPEND TERMINATION FORM**

Employee Name: _____
 Employee ID Number: _____
 Job Title: _____
 Department Name: _____
 Department FOAPAL: _____
 Stipend Termination Date: _____

The above employee is not eligible to receive a monthly cellular telephone stipend because:

- Employee's job responsibilities have changed and monthly cellular telephone stipend is no longer required.
- Employee has transferred to another department.
- Employee has terminated employment with the College.
- Cellular Telephone is no longer active.
- Employee is not eligible for the allowance according to the Cellular Telephone Guidelines.
- Other _____

APPROVED BY:

1	_____	_____
	Signature of Employee	Date
2	_____	_____
	Signature of Supervisor/Project Manager/Dept Chair	Date
3	_____	_____
	Signature of Financial Manager	Date
4	_____	_____
	Signature of Dean/Director	Date
5	_____	_____
	Division Vice President, Executive Officer or College President	Date
6	_____	_____
	Business Office (if grant funded only)	Date

Forward form to the Human Resources Office. Form must be received by the 10th of month in which the termination is to be effective.

For Human Resources Office Use Only:			
Approved: _____	Date: _____	Entered: _____	Date: _____
		Initials: _____	Entered: _____