



TEXAS SOUTHMOST COLLEGE  
CELLULAR TELEPHONE STIPEND TERMINATION FORM

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

Employee ID Number: \_\_\_\_\_

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

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

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- Cellular Telephone is no longer active.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 Procedures.
- Other \_\_\_\_\_

APPROVED BY:

1 _____	_____
Signature of Employee	Date

2 _____	_____
Signature of Dean or Director	Date

3 _____	_____
Division Vice President	Date

4 _____	_____
Signature of Controller	Date

<b>For Human Resources Office Use Only:</b>		
Approved: _____	Date: _____	Entered By: _____
		Date Entered: _____

Issued:  
Revised: