



1269.1.1f – Termination of Mobile Communication Device (MCD) Plan

TYPE OF ACTION (Check one):

Terminate Plan Participation

Note: Beginning or changing an MCD plan must be completed within ConnectCarolina, on the Lump Sum ePAR page. Select "MCD" from the dropdown menu.

EFFECTIVE DATE OF ACTION (MM/YYYY): _____

USER INFORMATION

Employee FIRST Name, MI:	Employee LAST Name:	PID:
Employee Title:	Position #:	<input type="checkbox"/> EPA <input type="checkbox"/> SPA
Dept/Unit:	College/School/Division:	Dept. No:
Supervisor Name:	Supervisor Email:	Phone #:
HR Representative Name:	HR Representative Email:	Phone #:

CATEGORY (Check one):

Employee-owned MCD (*complete stipend boxes below*)

PHONE #: _____

STIPEND PLAN (Check one):

- Voice: \$35/month
 Data: \$35/month
 Voice + Data: \$70/month

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

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. This form has been completed fully and accurately to the best of my knowledge.

Employee Signature: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Department Chair/Director/Dean: _____ Date: _____

Other Information:

- Employees paid monthly receive the stipend in each monthly payroll check.
- Employees paid biweekly receive the stipend in the second biweekly payroll check of the month.

Submit **Termination of Mobile Communication Device Plan Form** to Payroll Services, CB #1260