

## University of Michigan-Flint Technology Tools Verification Statement

Employee Name:		
UMID #:		
Department:		
Supervisor:		
Current Date:		
Employee Pay Cycle:	Bi-Weekly	Monthly (select one)

Choose one option below: Per: SPG 514.04, Section I, Part B.

\_\_\_\_\_ I certify that I have a personally owned device –with 50% or more business usage.

\_\_\_\_\_ I certify that I have a University owned device –85% or more business usage is fully paid by the University, or between 51% and 84% business usage can be either fully paid by the University or the department can determine a proportionate amount to charge to the employee using a payroll deduction form.

Employee Signature:	
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### To be completed by the supervisor:

Approved Monthly Stipend Amount: \$\_\_\_\_\_ (max \$50/month)

Please provide the shortcode this should be charged to \_\_\_\_\_

Supervisor Name Printed:	
Supervisor Signature:	

\*\*\*Form must be forwarded HR with appropriate approvals for processing. Please refer to the Technology Tools Policy ([http://www.umflint.edu/sites/default/files/groups/Human\\_Resources/flint\\_tech\\_tools\\_procedures\\_5-5-16.pdf](http://www.umflint.edu/sites/default/files/groups/Human_Resources/flint_tech_tools_procedures_5-5-16.pdf)) for specifics on the policy.