

**SUPPLEMENTAL AUTHORIZATION**  
**Cell Phone Stipend**

Linn-Benton Community College, 6500 SW Pacific Blvd., Albany, OR 97321

ORIGINAL  
REVISED

DATE \_\_\_\_\_  
POSITION# \_\_\_\_\_

\_\_\_\_\_  
**Type or print full name** **ID Number**

Effective Period from \_\_\_\_\_ to \_\_\_\_\_

Stipend Amount:

Salary Labor Distribution: F O A P A L (and % if two or more FOAPALs; % total must = 100)

Fund      Org      Account      Program

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Prepared by Phone Ext.

\_\_\_\_\_  
Employee Signature Immediate Supervisor Signature

\_\_\_\_\_  
Vice President's Signature  
(form will not be processed without VP signature)