



# Mobile Communication Device Allowance

MAU/Major Administrative Unit (circle one)				TKL
<b>UAA</b>	<b>UAF</b>	<b>UAS</b>	<b>SW</b>	
Last Name		First	MI	
Employee ID				

**Instructions:** This form is to establish that this employee's mobile communication device directly supports the assigned duties and responsibilities of the user and support the delivery of University services. The department should complete the form with authorizing signatures and submit to HR. The appropriate allowance amount will be added to the employee's biweekly pay until the department terminates the allowance.

**Action Requested (check one):**

Begin allowance:  
*Enter the effective date (Allowance will begin the next available pay period after this date):* \_\_\_\_\_

**OR**

End allowance:  
*Enter the effective date (Allowance will end the next available pay period after this date):* \_\_\_\_\_

**Allowance Requested (check one):**

Voice only device(e.g. Cell phone)- Enter ORGN# to be charged:   
*Deduction Code 840, Plan Code VC* (Enter in "Reference" field)

**OR**

Voice/Data device (e.g. PDA, Smart phone, etc)- Enter ORGN# to be charged:   
*Deduction Code 840, Plan Code DT* (Enter in "Reference" field)

**Justification for allowance (check all that apply):**

- Public/personal safety requirement is an integral part of the job duties.
- Employee needs to be accessible outside of normal hours worked.
- Critical decision maker.
- Substantial portion of work is conducted in the field.
- Immediate responsiveness is required for urgent University business.
- Other justification, if not described above: \_\_\_\_\_

**Employee Certification:**

I have agreed to maintain a personal mobile communication device, and have provided the contact information to my supervisor for business purposes. I am aware that the amount received is taxable compensation for tax reporting purposes, and that all records related to this device may be reviewed by a university official or a court in order to locate any records regarding University business.

If any change in the contact information or the business need occurs I will inform my supervisor immediately.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor Authorization:**

I certify that the requested mobile communication device is essential in the performance of University business regarding the employee's assigned job duties.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAU Chief Finance Officer or Designee Authorization:**

MAU Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by campus HR office only:**  
 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Effective date or run #: \_\_\_\_\_