Electronic Communications Allowance Request Form

Employee Name: ____________________________
Employee Banner ID: ________________________
Job Title: _________________________________
Department: _______________________________
Index Number: ______________________________

Time Period: Start Date: __________ End Date: ______

*NOTE: If this is not filled out, the start date will be the date of the next pay period. The end date will be assumed to be June 30 of the current fiscal year. Requests cannot cross fiscal years and a new request must be filled out for each fiscal year by June 30.

Allowance Amount: (please check one)

_____ $15.00 Low Business Use
_____ $25.00 Moderate Business Use
_____ Extreme Business Use - Enter amount needed

Employee Certification and Signature:
I certify that the requested allowance is needed for this employee, to cover work-related expenditures due to cell phone use or other electronic communication device. I further certify that I have read, understood and will comply with the University Cell Phone Policy.

Signature __________________________ Date ______________

Supervisory Certification and Signature:
I certify that the requested allowance is needed for this employee, to cover work-related expenditures due to cell phone use or other electronic communication device. I further certify that I have read, understood and will comply with the University Cell Phone Policy.

Signature __________________________ Date ______________

Payroll Use Only

Payroll Signature __________________________
CFO Signature __________________________