

Montana State University-Northern
Electronic Communication Device Employee Allowance Request Form

Employee Name: _____
Employee Banner ID: _____
Job Title: _____
Department: _____
Index Number: _____
Start Date: _____ (must be the beginning of a pay period) 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)
_____ \$7.50 Low Business Use
_____ \$12.50 Moderate Business Use
_____ \$20.00 High Business Use
_____ \$ _____ Other*

Please note: The biweekly allowance indicated will be paid over 26 pays annually,

* Enter amount requester per biweekly payroll and attach explanation for amounts over \$20

The allowance covers recurring service plan charges.

Employee Certification and Signature:

I certify that I will use the funds requested for an ECD to be used for University business use and promptly report any changes in the level of those expenses to my supervisor. I further certify that I have read, understood, and will comply with the University's 1001.6 Mobile Communications Devices Policy.

Employee Signature

Date

Supervisory certification of the business purposes for this allowance (mark all that apply)

- This employee is a key staff member needed in the event of an emergency.
- This employee is frequently away from access to traditional land-based phone services.
- This employee is involved in frequent off house/on-call activity
- The nature of this employee's work is critical and immediate response is required.
- The related cost is justified when compared with alternative communication choices.
- Other – if not listed above, please state why the device is necessary, why it is essential in carrying out job responsibilities and why job responsibilities could not be carried out without it.

Approval Signature

Date

Retain a copy of this form and route the original to the payroll department.

Payroll Use Only

Payroll signature _____

Controller Signature _____