

# Mobile Communication Device Allowance Request

Employee Name: \_\_\_\_\_ V #: \_\_\_\_\_  
Department: \_\_\_\_\_ Budget #: \_\_\_\_\_  
Organization Rollup #: \_\_\_\_\_ Stipend: First Time or Repeat

**1.) Please establish a business necessity:** Employees whose job duties require the frequent use of mobile communication devices or communications services for university business will be given a taxable allowance to compensate for the business use of a personally-owned mobile communications device and/or service.

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|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Frequent and timely communications with external patrons, students, recruits, and affiliations | <input type="checkbox"/> Time sensitive business operations |
| <input type="checkbox"/> Safety                                                                                         | <input type="checkbox"/> Business continuity                |
| <input type="checkbox"/> Remote or field locations                                                                      | <input type="checkbox"/> Certain on-call instances          |
| <input type="checkbox"/> Required by granting agency                                                                    |                                                             |
| <input type="checkbox"/> Other:                                                                                         |                                                             |

Explanation:

**2.) Please establish appropriate duration and amount:** Once a year, employees will work with their supervisors to determine the appropriate amount of the allowance, based upon a representative sample of documented university device usage, service costs, or on other quantifiable, auditable criteria, such as usage comparisons with other employees of the same position or duties. Please attach documentation.

**Amount:** \$ \_\_\_\_\_ per pay period **Duration:** Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

**Employee:** (sign/date) \_\_\_\_\_

**Dean or Director's approval:** (sign/date) \_\_\_\_\_

**Dean or Director's Printed Name** \_\_\_\_\_