

## REQUEST FOR WIRELESS PHONE OR DATA ALLOWANCE

To request an allowance for wireless phone and/or data services, please fill in all information below. In accordance with TTU Policy 560 (Cellular Service & Wireless Allowance), requests for a wireless allowance must include the required approvals and justification to be considered. Forms must be received by the Payroll Manager no later than the 5<sup>th</sup> of the month in order for an allowance to be included in the following payroll.

Employee Name _____	T Number _____
Job Title _____	Position # _____
Department _____	Office Phone _____
Email _____ P O Box _____	Cell Phone _____

Service Levels	Allowance	Required
Level I – Basic Voice Plan	\$35.00	Index
Level II – Voice Plan with limited data	\$50.00	Fund
Level III – Voice Plan with unlimited data	\$80.00	Org.
Level IV – Data plan only	\$35.00	Acct.
		Program

### Select Appropriate Justification for Monthly Allowance:

- ☐ Level III -- Member of TTU Emergency Committee
- ☐ Level III -- Critical decision maker – requires employee to be accessible on a 24—hour basis
- ☐ Level II -- Job function requires consistent travel on TTU business
- ☐ Level II -- Safety and essential personnel
- ☐ Level I -- Job function requires on-call accessibility to provide support for Facilities or Residential Life
- ☐ Level II -- Management level position requiring considerable work time and calls outside of the office
- ☐ Level IV -- Job function requires off-campus access to internet and TTU data network
- ☐ Level II -- Position responsible for safety/supervision of students for athletic and residential purposes

### Certification:

I certify that I have read and understand TTU Policy 560 (Cellular Service & Wireless Allowance) and I will use the allowance requested in the performance of my job as designated by my supervisor and identified above. I understand the allowance provided by the University is not an entitlement and is not a part of my base salary. The allowance is intended to offset the business use of my personal device and not as a reimbursement for the total cost of the item. I agree to provide a copy of my cellular bill, as may be requested for audit purposes, to support the stipend level, and I further agree to notify my supervisor and the Payroll Manager, immediately, if my cellular plan is reduced or cancelled at any time. Should I terminate employment, I acknowledge the allowance will stop and will not be included in any terminal payroll payout.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Approved:

\_\_\_\_\_  
Supervisor/Department Head Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

Received in Payroll Office: