

**Stephen F. Austin State University
Communications Allowance Request Form**

Name: _____

Campus ID: _____

Department: _____

Job Title: _____

Justification for communications allowance:

All communications allowances are the responsibility of the department and are paid through the Payroll Department. The allowance does not constitute an increase in base pay, and will not be included in the calculations of percentage based pay increases or for retirement.

IMPORTANT NOTE: As with many forms of communication, university business conducted on cellular telephones may be subject to the Texas Public Information Act.

Employee Certification and Signature:

I certify that I have read, understand, and will comply with SFA's **Cellular Telephones and Wireless Communication Devices Policy (3.6)**. I further understand and agree it is my responsibility to inform the university of my cellular telephone number, and to maintain service on the cellular telephone and/or wireless communications device while I am receiving this allowance. I understand that if I no longer work for the department that authorized this allowance, I am responsible for notifying payroll to remove the allowance.

Signature: _____

Date: _____

Supervisor Certification and Signature:

I certify that the requested communications allowance is needed for this employee to conduct official university business. I have read, understand, and will comply with SFA's **Cellular Telephones and Wireless Communication Devices Policy (3.6)**. I authorize charges for this communications allowance to be charged to the departmental account from which the employee is paid. I understand that it is my responsibility to notify payroll when the employee no longer needs the communication allowance or is no longer employed in this department.

Signature: _____

Date: _____

Vice President's or President's Approval:

I approve this communications allowance request.

Signature: _____

Date: _____

Allowance Options – select the plan and/or data feature that apply:

Plan	Monthly Amount	Feature	Monthly Amount
<input type="radio"/> 250 Minutes	\$25	<input type="radio"/> Data	\$10
<input type="radio"/> 500 Minutes	\$40		
<input type="radio"/> Unlimited Minutes	\$50		
<input type="radio"/> Other \$ _____	(use if anticipated business use is different than amounts indicated above)		

The total maximum monthly allowance is \$60.

Please send completed form to: SFA Payroll Office, Box 13035