

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

Employee Name: _____	Campus ID: _____
Department: _____	Job Title: _____

Justification: _____

All cell phone allowance payments are departmental responsibility and are included as a salary payment. Appropriate payroll taxes on the plan amount will be withheld starting at the next scheduled monthly pay date, and the amount of the provided plan will be included on the year-end W-2. The allowance does not constitute an increase in base pay, and will not be included in the calculation of percentage increases to base pay due to annual raises, job upgrades, bonuses or benefits based on a percentage of salary, etc.

Employee Certification and Signature:
 I certify that I have read, understood, and intend to comply with **Cellular Telephones and Wireless Devices Policy**. I understand that this will be a taxable benefit, that it is my responsibility to inform the University of my cell phone number, and to maintain service while I am receiving this allowance.
Signature: _____ **Date:** _____

Supervisor Certification and Signature:
 I certify that the requested cell phone is needed for this employee and I have read, understood and intend to comply with **Cellular Telephones and Wireless Devices Policy** and confirm that charges will be applied against this account. I also understand the employer's share of the payroll taxes will be charged to the departmental account listed below.
Account Number against with to charge: _____
Signature: _____ **Date:** _____

Vice-President's Approval:
 In compliance with the **Communication Services Policy** and the **Cellular Telephones and Wireless Devices Policy** issuance of this cellular device is approved:
Signature: _____ **Date:** _____

Allowance Options – select one plan and any features that apply

<u>Plan</u>	<u>Monthly Amount</u>	<u>Feature</u>	<u>Monthly Amount</u>
<input type="checkbox"/> 450 Minutes	\$35	<input type="checkbox"/> Messaging	\$10
<input type="checkbox"/> 900 Minutes	\$55	<input type="checkbox"/> Paging	\$10
<input type="checkbox"/> 2000 Minutes	\$95	<input type="checkbox"/> Data/Blackberry	\$50
<input type="checkbox"/> Department Specific Feature - for special departmental feature needs, consult the Assistant Director of Telecommunications and Networking			_____

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