

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

Name: _____ Campus ID: _____

Department: _____ FOP _____ 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. Please ensure funds are available through the division budget analyst.

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: _____

Chief Information Officer/Deputy CIO Approval:

I approve this communications allowance request.

Signature: _____ Date: _____

Allowance Amount:

Monthly Amount
\$25



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