

# TELECOMMUNICATION ALLOWANCE REQUEST

New

Change

Cancel

Effective Date \_\_\_\_\_

Employee Name: \_\_\_\_\_ Tech ID (R #) \_\_\_\_\_

Department: \_\_\_\_\_ Dept Code: \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Number: \_\_\_\_\_

Pay Frequency (Check One)     Monthly (Exempt)     Semi-monthly (Non-exempt): Telecommunication

### Telecommunication Equipment Allowance:

\$50 For Cell Phone

\$150 For Smart phones/PDAs

FOAP to be charged:  
\_\_\_\_\_

### Telecommunication Services Allowance:

\$35 Per Month For Voice Plans    \*Other: \_\_\_\_\_

\$40 Per Month For Data Plans    \*Other: \_\_\_\_\_

\$55 Per Month For Wireless Cards    \*Other: \_\_\_\_\_

**Total Monthly Allowance Requested:** \_\_\_\_\_

### Justification for an allowance in excess of the amounts stated above:

### Salary Supplement

All allowances are considered salary supplements and will be reported as taxable compensation. Allowances do not qualify as compensation for TRS or ORP.

### Acknowledgement

By signing this request, the employee acknowledges they have been provided access to TTU OP 48.05/TTUHSCEP OP 55.05: *Employee Allowance for Electronic Communication Resources*, they understand the allowance is being provided because of an official state business need, and they agree to provide their department head with pertinent contact information and be accessible through this communication equipment.

### Evaluation of Need

The employee further understands that his/her Telecommunications Service Allowance will be evaluated annually and that he/she may be required to provide the most recent three months detailed billing statements for review. Allowances are contingent upon a continued business need.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Dept Head/Chair \_\_\_\_\_

Date \_\_\_\_\_

### Approval (Exceptions Only)

\*Next Level Management \_\_\_\_\_

Date \_\_\_\_\_

\*VP/VC/Dean \_\_\_\_\_

Date \_\_\_\_\_