

UW Mobile Communication Device Allowance Authorization Form

Employee Name: _____ Employee ID: _____ (not W#)

Employee Job Title: _____ Position #: _____

Department Name: _____ Dept Phone #: _____

PISTOL account to charge allowance: _____

(will be charged to 120000 Acct) Fund Org Project Budget Ref.

Allowance Start Date: _____ Allowance End Date: _____

(If no end date is specified, it will run until December 31 of the current year)

This is a: New allowance Change in an existing allowance

Total monthly allowance: \$ _____ (Attach a copy of the summary page for the phone # receiving the allowance; if you are on a family plan, please also attach the Overview of Lines page)

One-time equipment allowance: \$ _____ (attach copy of purchase invoice)

Please list your Current Plan features:

Mobile service provider: _____ Monthly Base Charge: \$ _____

Device telephone number: _____

Description of plan features: _____

I have read the Mobile Communication Device Policy and agree to follow all employee responsibilities as described.

Employee Signature: _____ Date: _____

Supervisory certification of the business purpose for this allowance (mark all that apply):

- This employee is a key staff member needed in the event of an emergency
- This employee is frequently away from access to traditional land-based phone services
- This employee is involved in frequent off-hours/on-call activity
- The nature of this employee's work is critical and immediate response is required
- The related cost is justified when compared with alternative communication choices
- Other – If not listed above, please state why the device is necessary, why it is essential in carrying out job responsibilities and why job responsibilities could not be carried out without it

Approval Signature: _____ Date: _____

Department Head or Director

Retain a copy of this form and route the original to the Payroll Office, Ivinson Building Room 202 with plan information and purchase invoice for equipment (if needed) attached.