

Please return approved form to Human Resources (165 Administration Building).

**Section I: Type of Request**

This form is a(n):  Initial Request  Change request  Cancellation

**Section II: Employee Information**

Employee Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone Number (if applicable): \_\_\_\_\_

**Section III: Allowance Information**

**FOAP To Be Charged:**

Fund	Organization	Account	Program

**Request for Monthly Wireless Communication Device Allowance (earnings code 711):**

<b>Total Monthly Allowance Requested (\$50 maximum)</b>		<b>Begin Date</b> (must coincide with begin date of <a href="#">payroll period</a> )	
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**Business Justification for Allowance:**

**Cancellation Request for Allowance:**

Effective Date of Cancellation	Reason for Cancellation

**Section IV: Certification & Approvals**

I certify that the above allowance will be used toward expenses I incur for wireless communication device usage and that I am responsible for the payment of any cost that exceeds the approved University allowance. I also understand that I am responsible for keeping my wireless communication device/services operational as long as I receive this allowance. I confirm that I will utilize the University Allowance Request/Change Form to notify University of Memphis departments of my cell phone number if applicable and any changes to my cell phone number. I understand and intend to comply with the University's policies and procedures. I understand the University's contribution toward the purchase of a monthly wireless communication device/services plan is NOT part of my base salary and that contract provisions of any communication service plan entered into under this program are my personal responsibility. I also certify that the communication service plan will be used in the performance of my University job responsibilities as defined by my supervisor.

Employee: \_\_\_\_\_ Date \_\_\_\_\_ Dean/Director/Dept. Head: \_\_\_\_\_ Date \_\_\_\_\_

Chief Information Officer Approval (required for ITS Employees): \_\_\_\_\_ Date \_\_\_\_\_

CFO Approval (if applicable): \_\_\_\_\_ Date \_\_\_\_\_