



CELLULAR PHONE ALLOWANCE

Full instructions at Financial Affairs [Forms](#) webpage.

New Allowance

Discontinue Allowance

Section 1: Employee Information

Employee Name: _____ Job Title: _____ Position #: _____
 Employee ID#: _____ Employee Email: _____
 Department Name: _____ Cellular Phone Number: _____

Section 2: Device Allowance Request Monthly Amount

Monthly allowance before taxes: \$75.00 University Issued: \$65.00 (See instructions)
 Department ID _____ Fund _____ Cost Center _____ Project ID _____ Project End Date _____
 Payroll Direct Deposit is required for this allowance. Do you have an active payroll direct deposit? Yes No
 If **No**, complete form at www.utsa.edu/payroll/forms.cfm.

Section 3: Justification (check one or more)

- Must be available to be contacted and/or respond in the event of an emergency
- Must be in contact and accessible because of their role as a critical decision maker
- Other (please provide justification): _____
- Required to be "on-call" or needs to be contacted quickly
- Job function requires frequent travel or to be off-campus or work at job sites where land lines are not available

Section 4: Allowance Discontinuation – Use when employee no longer qualifies for an allowance

Allowance End Date: _____

Section 5: Certifications

I certify that I have read UTSA's Cellular Phones and Services Policy and will use the funds requested toward the business use designated above, and promptly report any changes in the level of those business expenses to my supervisor. I agree to secure voice and/or data services through the service provider of my choice and will in no way obligate the University of Texas at San Antonio for such service. I understand that the allowance will be taxable income to be reported on my W-2, and the University of Texas at San Antonio is not responsible for the tax consequences of the allowance. Allowance does not qualify as compensation for TRS or ORP purposes.

Employee Signature Date

RSC Approval Signature (If applicable) Typed or Printed Name Date

Dean, AVP, or Director Signature Typed or Printed Name Date

Vice President Signature (Employee's Area) Typed or Printed Name Date

Vice President for Business Affairs Signature Typed or Printed Name Date

Payroll Services Processing Information: Form: Date _____ Initials ____ Direct Deposit on File? Yes No