



# CELLULAR PHONE ALLOWANCE

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

New Allowance

Discontinue Allowance

### Section 1: Employee Information

Employee Name:

Job Title:

Employee ID#:

Employee Email:

Department Name:

Cellular Phone#:

Position #:

### 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](http://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

Required to be "on-call" or needs to be contacted quickly

Must be in contact and accessible because of their role as a critical decision maker

Job function requires frequent travel or to be off-campus or work at job sites where land lines are not available

Other (please provide justification): \_\_\_\_\_

### 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

Payroll Services Processing Information: Date \_\_\_\_\_ Initials \_\_\_\_\_ Direct Deposit on File? Yes No