



Cell Phone Allowance Request

Instructions: Complete and print this form to request a cell phone allowance. **All cell phone allowance changes must be submitted to Budget (AD 3.108 or mailstop AD27)** by the forms deadline ([monthly](#) or [semi-monthly](#)) of the effective month in which the request is submitted. Turn in the copy bearing original signatures.

Printed name: _____	UTD ID: _____
Job title: _____	Position #: _____
Department name/number: _____	
Cost center: _____	Effective date: _____

Request type: <input type="checkbox"/> New allowance request <input type="checkbox"/> Change allowance amount <input type="checkbox"/> Change cost center <input type="checkbox"/> Allowance cancellation	Allowance amount: <input type="checkbox"/> \$30.00 per month <input type="checkbox"/> \$60.00 per month <input type="checkbox"/> \$90.00 per month <input type="checkbox"/> \$150.00 once every two years
<p>The above employee must meet at least one of the following requirements. Please check all applicable boxes.</p> <input type="checkbox"/> Frequently engages in work-related travel <input type="checkbox"/> Frequently out of the office on UT Dallas business <input type="checkbox"/> Member of key personnel needed in the event of an emergency <input type="checkbox"/> Other - Please describe: _____	

All allowances are considered salary supplements and will be reported as taxable compensation. Allowances do not qualify as compensation for Teacher Retirement System of Texas (TRS) or Texas Optional Retirement System (ORP) purposes.

By signing this document, the employee acknowledges they have been provided a copy of the Cellular Communications Equipment Policy - A5-140.0, they understand the allowance is being provided because of an official state business need, and they agree to provide their department head with all pertinent contact information and be accessible through this communication equipment. The employee further understands the necessity for an allowance will be evaluated annually. Continuance or termination of an allowance is contingent upon continued business need. If at any point there is no longer a business need for an allowance, it is the responsibility of the department head to submit a new form requesting cancellation.

Signature of Employee

Date

Signature of Department Head

Date

Signature of Provost / Vice President / Executive Director / Dean

Date

Official Use Only		
Processed by Budget:	Date:	Initials:
Processed by Payroll:	Date:	Initials: