



USU Communication Allowance Request Form

Employee Information

Last Name First Middle Banner ID

Data-Capable Device Allowance

\$ _____
Amount Index Number Telephone Number

Monthly Communication Allowance

New Begin Date (mm/dd/yy): _____
 Revision _____ Index Number
 Terminate End Date (mm/dd/yy): _____ \$ _____
Amount

Taxable Non-Taxable

Communication allowances are paid through the payroll process and are considered either Taxable or Non-Taxable income. Each year a copy of the employee's most recent cell phone statement needs to be kept on file in the department for the Non-Taxable Option.

Business Purpose for Communication Allowance

Approvals

All the undersigned have read and agree to follow the provisions of USU Cell Phone Policy 518

Employee Signature Dept Name Dept Code (DPXXXX) Date

Approval Signature Approval Name (Please Print) Date
(Department Head/Director/ Vice President/Dean)

Completed forms should be submitted to the Payroll Office by the 10th day of the month in which the allowance begins.

Payroll Office - UMC 2400 or FAX 797-1077

CONTROLLERS OFFICE USE ONLY

Initials Date