

University of Arizona

Communication Service Plan Allowance Form

Select the option that applies: New Update Termination

Employee Name:		EmplID:	
Job Title:		Department:	
Device Type:		Amount:	
Phone Number:		Dept. Contact:	
Eligibility and Amount Justification			

Certifications and Signatures

Recipient of Allowance: Please sign below to confirm the following:

- The cell phone allowance is provided to cover the business-related cost of my personal cell phone and the allowance requested is an appropriate allocation of my expected business use.
- The cell phone allowance is taxable compensation that will be included on my W-2 form. I have been advised to consult my tax advisor if I have questions regarding this taxable income.
- If the business use is no longer needed, or if there is a change or interruption in service of the device, it is my responsibility to notify my department contact.
- I am not receiving an allowance, other than the one stated above, for the wireless communication device, from another department or activity affiliated with or outside of the University of Arizona.

Signature of Employee	Date

Dean, Director or Department Head: Please sign below to confirm that the use of the cell phone is required to fulfill this employee's job duties, and that the allowance requested is appropriate.

Signature of Department Head / Director	Date
Typed or Printed Name and Title of Department Head / Director	

This completed form will be retained in the department for audit purposes, along with any other necessary documentation to support the justification of amount and approvals.