



Technology Allowance Form

Select the option that applies: New Update Termination

<i>Employee Name:</i>		<i>EmplID:</i>	
<i>Job Title:</i>		<i>Department:</i>	
<i>Phone Number:</i>		<i>Amount:</i>	
<i>Allowance Start Date:</i>		<i>Allowance End Date:</i>	
<i>Dept. Contact:</i>			
<i>Eligibility and Amount Justification</i>			

Certifications and Signatures

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

- The technology allowance is provided to cover the business-related cost of my technology services/device(s) and the allowance requested is an appropriate allocation of my expected business use.
- I understand the technology allowance is taxable compensation that will be included on my W2 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(s), it is my responsibility to notify my department contact.
- I am not receiving an allowance, other than the one stated above, for the technology services/device(s), from another department or activity affiliated with or outside of the University of Arizona.

<i>Signature of Employee</i>	<i>Date</i>

Supervisor: Please sign below to confirm that the use of the technology is required to fulfill this employee's job duties, and that the allowance requested is appropriate.

<i>Signature of Supervisor</i>	<i>Date</i>
<i>Typed or Printed Name and Title of Supervisor</i>	

This completed form is required to be attached to the payment request in UAccess Employee for audit purposes, along with any other necessary documentation to support the justification of amount and approvals.