

Please return approved form to Human Resources – Records Office (178 Administration Building). Submit copy of approved form to Network Services (101 Jones Hall).

Section I: Type of Request

This form is a(n): Initial Request Change request

Section II: Employee Information

Employee Name: _____ Banner ID: _____

Job Title: _____ Office Phone: _____

Department: _____ Email: _____

Division: President's Office Provost/Academic Affairs Advancement Athletics
 Business & Finance Information Technology Mktg & Comm. Student Affairs

Old Cell Phone #: _____ New Cell Phone #: _____

Section III: Allowance Information

FOAP To Be Charged:

Fund	Organization	Account	Program & Activity

Request for Monthly Cell Phone Allowance (earnings code 711):

Tier (if changing amount, attach a copy of most recent cell phone statement)	<input type="checkbox"/> Tier 1 (<=\$45.00)	<input type="checkbox"/> Tier 2 (<=\$75.00)
	<input type="checkbox"/> Tier 3 (<=\$115.00)	<input type="checkbox"/> Add-Ons (<=\$50.00)
Total Monthly Allowance Requested	Begin Date (must coincide with begin date of payroll period)	

Request for Non-Recurring Equipment Allowance (earnings code 710):

Equipment	<input type="checkbox"/> Basic Phone (<=\$150.00) <input type="checkbox"/> Unit w/Data Capabilities (<=\$400.00) <input type="checkbox"/> PC Card/Internet (<=\$50.00)
Total Monthly Allowance Requested	

Business Justification for Cell Phone Allowance:

Cancellation Request for Cell Phone Allowance:

Effective Date of Cancellation	Reason for Cancellation

Section IV: Certification & Approvals

I certify that the above allowance will be used toward expenses I incur for cell phone usage and that I am responsible for the payment of any cost that exceeds the approved University allowance. I also understand that I am responsible for keeping my cell phone service operational as long as I receive this allowance. I confirm that I will utilize the University Cell Phone Allowance Request/Change Form to notify University of Memphis departments of my cell phone number and any changes to my cell phone number. I understand and intend to comply with the University's Cell Phone Policy and Procedures. I understand the University's contribution toward the purchase of a monthly cell phone plan is taxable income and is NOT part of my base salary and that contract provisions of any communication service plan entered into under this program are my personal responsibility. I also certify that the communications plan will be used in the performance of my University job responsibilities as defined by my supervisor.

Employee: _____ Date _____ Supervisor: _____ Date _____

Additional Approval (required for IT and B&F Employees): _____ Date _____