

**MOBILE COMMUNICATION DEVICE ALLOWANCE AUTHORIZATION FORM**

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Job Position #: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Telephone #: \_\_\_\_\_

Banner Index # That Employee is Most Often Paid From: \_\_\_\_\_

*Note: The allowance will be charged to the same index as that the employee is paid from, and will show as a benefit expense. IF THE EMPLOYEE IS PAID IN WHOLE OR IN PART FROM A GRANT, YOU MUST SPECIFY A NON-GRANT INDEX NUMBER TO WHICH THE ALLOWANCE WILL BE CHARGED:* \_\_\_\_\_

Allowance Start Date: \_\_\_\_\_

(Should the plan be cancelled or the business use change, a new form must be submitted promptly)

Monthly Allowance Amount: (please check one)

\_\_\_\_\_ \$12.00 Limited use

\_\_\_\_\_ \$15.00 Low business use

\_\_\_\_\_ \$25.00 Moderate business use

\_\_\_\_\_ \$40.00 High business use

\_\_\_\_\_ \$ \_\_\_\_\_ Other\*

\* Enter amount requested per month and attach explanation for amounts over \$40.00.

**Please list your CURRENT PLAN features:**

Mobile service provider Name: \_\_\_\_\_ Monthly Charge: \$ \_\_\_\_\_

Device Telephone number: \_\_\_\_\_

Distinguishing service characteristics \_\_\_\_\_

As a general rule, the university will pay up to the amount an employee would have incurred under a state plan sufficient to meet the employee's business needs. For more information refer to <http://www.montana.edu/wwwitc/telephoneservices/mobile.html>

**I have read the Mobile Communication Devices Policy and agree to follow all employee responsibilities as described.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisory certification of the business purposes for this allowance (mark all that apply):**

- This employee is a key staff member needed in the event of an emergency (cabinet, etc.)
- This employee is frequently away from access to traditional land-based phone services.
- This employee is involved in frequent off hours/on-call activity.
- This nature of this employee's work is critical and immediate response is required.
- The related cost is justified when compared with alternative communication choices.
- Other- If not listed above, please state why device is necessary, why it is essential in carrying out job responsibilities and why job responsibilities could not be carried out without it.

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head or Director

Retain a copy of this form and route the original to HR/ Personnel & Payroll Services; Room 19, MT Hall.