



USU Communication Allowance Request Form

Employee Information

Last Name First Middle Banner ID

One Time Device Purchase Allowance

\$ _____
Amount Index Number Telephone Number

Reoccurring Monthly Communication Allowance

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

Taxable (com) Non-Taxable (can)

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)

Communication allowances should be for **full months only, starting on the first of the month**. Completed forms should be submitted by the **10th of the month before the scheduled payroll date**. Please contact Human Resources with any questions.
Phone: 435-797-0122 Email: hr@usu.edu

Human Resources - UMC 8800 or FAX 797-1816

HUMAN RESOURCES OFFICE USE ONLY

Initials Date