

# Sam Houston State University Communication Device Allowance Request Form

*Use Tab Key to Navigate between fields*

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

SAM ID: \_\_\_\_\_

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

FOAPAL: \_\_\_\_\_

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

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

Monthly Allowance Amount (before taxes):  \$35       \$75

Eligible for Equipment Allowance :  Yes       No

Maximum of \$250.00

Cell/Device Number: \_\_\_\_\_

The above employee meets the following documented official state business needs for a wireless communication device. Describe the typical usage scenario:

In the initial month of allowance, the employee **may** receive an additional allowance to cover the cost of the **communication equipment acquisition**. To receive this equipment allowance the employee must submit documentation (actual receipts) with this form to the Payroll Office. The equipment acquisition allowance may not exceed actual cost with a maximum reimbursement of \$250.00 before taxes.

All allowances are salary supplements and are reported as taxable compensation. Allowances do not qualify as compensation for TRS or ORP purposes.

By signing this document, the employee acknowledges they have been provided a copy of the communication device policy, they understand the allowance is being provided because of an official state business need, and they agree to provide their wireless phone number, and to be accessible through this communication equipment. The employee further understands the necessity for an allowance will be evaluated periodically. A department may request historical usage documentation as substantiation for the continued allowance. Continuance or termination of an allowance is within the sole discretion of the University.

If, at any point during this contract, the employee discontinues his/her communication plan, there is no longer a business need for an allowance, or the communication plan is otherwise ended, it is the responsibility of the department head to notify the Payroll Office.

\_\_\_\_\_  
*Signature of Employee*

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

\_\_\_\_\_  
*Signature of Department Head*

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

\_\_\_\_\_  
*Signature of Dean (Academic Departments Only)*

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

\_\_\_\_\_  
*Signature of Vice President*

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