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
☐ Revision
☐ Terminate

Begin Date (mm/dd/yy): _____ Index Number

End Date (mm/dd/yy): _____ $ Amount

☐ Taxable ☐ Non-Taxable

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 be submitted by the **10th of the month before the scheduled payroll date**. Please contact payroll with any questions.

Phone: 435-797-1059 Email: payroll@usu.edu

Payroll Office - UMC 8800 or FAX 797-1816

CONTROLLERS OFFICE USE ONLY

Initials | Date