



Mobile Communication Allowance Enrollment Form

This Communication Device Allowance Form as indicated in Tarleton State University Standard Administrative Procedure 25.99.09 – 01: Smartphone Communication Allowance. The Communication Device Allowance may be paid by Tarleton State University to eligible employees based on the criteria outlined in the aforementioned procedure.

DIRECTIONS:

(1) Complete information below **(2)** Immediate Supervisor and Department Head Sign **(3)** Department Head/Department Admin will enter in to Workday. **(4)** Type in the search bar in Workday– ‘request change compensation’ and complete accordingly **(5)** Department is to scan this completed form & attach it to the Workday business process compensation change. **(6)** Route this form to Employee Services Box T-0510 to be put in employee’s file.

DO NOT SEND THIS FORM TO PAYROLL

Name _____ UIN #: _____

Department: _____ Work Phone #: _____

Work T-Box #: _____ Email Address: _____

Required Payroll funding information (To be completed by Department Head):

Funding Account #: _____

Employee PIN #: _____ (must be a local account) _____

The following Allowances are for Mobile Communication Service Plans as outlined in Tarleton Standard Administrative Procedure 25.99.09.T01.01 Communication Allowance.

Monthly Communication Allowance New Change Cancel

\$30 Tier One - phone with voice only service _____
Dept. Head Initials

\$60 Tier Two - voice and data for Smartphone OR _____
phone with voice only & data plan for tablet service Dept. Head Initials

\$75 Tier Three - voice and data for Smartphone _____
AND data plan for tablet device Dept. Head Initials

ACKNOWLEDGEMENT:

I have read Tarleton Standard Administrative Procedure 25.99.09.T1.01: Smartphone Communication Allowance and understand the associated employee responsibilities. In addition, I understand that this allowance is considered taxable compensation subject to required tax withholdings and are **not** part of my base salary.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Department Head/Other Administrator Signature _____ Date _____

A copy of this document must be retained in the employee’s personnel file, please send to HR (T-0510) for file.