

Southern Illinois University Edwardsville
WIRELESS PHONE ALLOWANCE REQUEST

Employee Name		Employee #	Employee Title
Ext.	Email	Campus Box #	

Monthly Wireless Phone Allowance Amount (default is \$25): _____

Month/Year Effective: _____

Month/Year to discontinue (if applicable): _____

Account number(s) to be charged - - This cost will be charged to the same account number(s) that are associated with the employee's position. Also note that Allowances cannot be charged to Grant accounts.

Justification for Allowance:

I have read the Broadcasting Services/Telecommunications/Electronic Mail Communications Policy, 6B2. I understand the employee responsibilities as outlined. I will provide my personal wireless phone number within five days of activation and will be available for calls during those times specified by my management. I will inform the university when I am no longer eligible for the allowance or when my wireless phone service is cancelled. I am responsible for all charges on my personal wireless phone plan, including Early Termination Fees. I will comply with state and municipal laws regarding the use of wireless phones while driving. I understand that the monthly allowance will be included on my W-2 form as taxable income and is NOT part of my base salary for SURS purposes or for calculating percentage salary increases. This agreement supersedes previously executed agreements.

Employee Signature: _____ Date: _____

Approved:

Fiscal Officer: _____ Date: _____

Dean/Director: _____ Date: _____

Vice Chancellor: _____ Date: _____

Please send completed form to Payroll, Campus Box 1040.

Discontinuance of Monthly Wireless Phone Allowance:

Month/Year to discontinue (if applicable): _____

Fiscal Officer: _____ Date: _____