

**System Offices
Communication Equipment Allowance Form**

Name (Last, First, MI)

Universal Identification Number (UIN)

Department

Work Telephone

Work Address (Including Mail Stop)

E-MAIL Address

The following are the approved Communication Equipment Allowances as noted in System Administrative and General Offices Rule 25.99.99.S3: Communication Allowance Program.

Communication Equipment Allowance Options:

(Initials of Department Head required next to equipment authorized for business use by employee)

___ **\$100.00** – All Telephones and PDA Combinations: This allowance is intended to cover part of the cost for the device, fees and any peripheral equipment purchased during the period.

I have read SAGO Rule 25.99.09: Communication Allowance Program, and understand the associated employee responsibilities. I understand that this allowance is considered taxable compensation subject to required tax withholdings and is **NOT** part of my base salary. I also understand that any equipment purchased or contract provisions of any communication service plan entered into under this program are my personal responsibility.

___ I do not have a University System issued Cell phone at this time.

___ I do have a University System issued cell phone and have submitted notice to Information Technology Services.

Employee Signature

Date

PIN# _____ Part: 01 Account: _____ Support Account: _____ Acct. Analysis: _____

Object Class: 1940 Pay Code: 39

APPROVED:

Department Head Signature- (required)

Date

System Administrative and General Offices:

Privacy Notice: State Law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.