

System Offices
Monthly Communication Plan Allowance Enrollment

New _____ **Change** _____ **Cancel** _____

Name (Last, First, MI)

Universal Identification Number (UIN)

Department

Work Telephone

Work Address (Including Mail Stop)

E-MAIL Address

Monthly Communication Plan Allowance Options (*Department Head Initials required next to option selected*):

All Telephone/PDA Services

(Individual allowance amounts are determined by Department Head)

_____ **\$30** - Monthly communication service allowance defined as the plan providing for operation of a voice only cellular communication device.

_____ **\$60** - Monthly communication service allowance defined as the plan providing for operation of a voice only cellular communication device and data plan.

_____ **\$90** - Monthly communication service allowance defined as the plan providing for operation of a voice only cellular communication device, data plan and any other added features.

I have read SAGO Rule 25.99.09: Communication Allowance Program, and understand the associated employee responsibilities. In addition, I understand that these allowances are considered taxable compensation subject to required tax withholdings and are **NOT** part of my base salary.

Employee Signature

Date

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

Object Class: 1940 Pay Code: 38

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.