

Cellular Phone Allowance/Purchase Request

SECTION 1: Employee Information

| | | |
|---|-----------------|---------------------------|
| Employee Full Name: | Panther ID: | Current FIU cell Phone #: |
| Department Name: | Office Phone #: | FIU email address: |
| Assignee of departmental shared cellular phone device | | |

SECTION 2: Allowance Request (check all that apply)

Monthly Allowance

| | |
|---|----------|
| <input type="checkbox"/> Cellular phone service | \$ 50 |
| <input type="checkbox"/> Data only service | \$ 50 |
| <input type="checkbox"/> Combined cellular phone and data service | \$ 90 |
| <input type="checkbox"/> Text messaging | \$ 10 |
| <input type="checkbox"/> Additional monthly allowance* | \$ _____ |

Total monthly allowance requested: \$ _____

Request/Purchase Allowance

Request shared cellular phone device /Allowance for the purchase of a cellular phone/PDA \$ _____

Total purchase allowance requested: \$ _____

SECTION 3: Justification (check all that apply)

- Job function requires considerable time outside of assigned office or work area and it is essential to the University that the employee be accessible during those times.
- Job function requires continuous accessibility beyond scheduled or normal working hours (i.e., on-call responsibilities for critical university services).
- Job function requires access to e-mail outside of the office or beyond normal scheduled working hours and it is essential for the University that the employee has the ability to receive and send –mail during those times.
- Departmental shared cellular phone device required to fulfill functions related to special events, on-call duty, and maintenance, particularly to address emergency and after-hours related issues that require calling capabilities that cannot be addressed with a pager.

* If requesting an additional monthly allowance, please provide a description of why it is necessary and what it will be used for below:

I hereby certify that all information is true and that I have read and understand the University's Cellular Phone Policy.

Employee Signature: _____ **Date:** _____

| SECTION 4: Approvals | | |
|--|--|--|
| Department | Office of Sponsored Research Admin. (OSRA) | Executive |
| Print Dean/ Director/ Department Head Name: | OSRA Authorized Representative Name: | CFO/Provost/President Name: |
| Title: | Title: | Title: |
| Signature: | Signature: | Signature: |
| Date: | Date: | Date: |
| Approved monthly allowance \$ _____ Approved purchase allowance \$ _____ Approved shared device \$ _____ | Approved monthly allowance \$ _____ Approved purchase allowance \$ _____ Approved shared device \$ _____ | Approved monthly allowance \$ _____ Approved purchase allowance \$ _____ Approved shared device \$ _____ |
| Department Account # to pay allowance from | <input type="checkbox"/> I hereby authorize FIU Payroll to pay the approved amounts to the employee. | |
| Name of Authorized Pro-Card Holder | <input type="checkbox"/> I hereby authorize the Purchasing Pro-Card Coordinator to permit purchase of the departmental shared cellular phone device. | |
| SECTION 5: Transfer of Service | | |
| <i>Selected Carrier:</i> | Personal Cell Phone #: | Activation Date: |

Instructions

SECTION 1: Employee Information

Enter requested employee information

SECTION 2: Allowance Request

Check off allowance amount or purchase being requested.

Notes:

- Monthly allowance amount should be consistent with your FIU business related needs.
- Requests for additional monthly allowance or departmental shared cellular phone device are considered exceptions and require executive approval from respective Chief Financial Officer, Provost, or President.
- Purchase allowance for cellular phone or PDA equipment may be requested no more frequently than every 24 months – receipt or invoice must be attached. Max payment is \$50 for cellular phone/\$200 for PDA.

SECTION 3: Justification

Check off justification for receiving allowance or departmental shared cellular phone device.

If requesting an additional monthly allowance or departmental shared cellular phone device, provide a description of why it is necessary and what it will be used for.

SECTION 4: Approvals

- Employee must submit form to their department head for approval*.
- Department head must sign form and indicate the departmental account number where allowances will come from and the approved amounts.
- If account being used is a grant account, department head must forward form to the Office of Sponsored Research Administration for approval.
- If additional monthly allowance or departmental shared cellular phone device is being requested, Department Head/OSRA Authorized Representative must then send form to appropriate Chief Financial Officer, Provost, or President for approval.
- It is highly recommended that the employee keep a copy of the form prior to submitting for approval.
- *It is highly recommended that both employee and supervisor keep copies of forms for their records.
- For departmental shared cellular phone devices, employee will submit original form to the Purchasing Pro-Card Coordinator in CSC 427.

SECTION 5: Transfer of Service

- Once all signatures are obtained the form should be returned to the employee.
- Employee will transfer cellular service to personal ownership with the carrier of their choice.
- Fill out SECTION 5
- Employee will submit original form to the Division of Human Resources in PC224 to initiate allowance payment process.

Once the form has been submitted to the Division of Human Resources, please contact University Technology Services (UTS) to request that departmental billing be stopped. You may do this by submitting a service request using the UTS Online Service Request System at uts.fiu.edu or by calling the UTS Support Center at 305-348-2284.