

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:

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:	VP/CFO/Provost/President Name:
Title:	Title:	Title:
Signature:	Signature:	Signature:
Date:	Date:	Date:
Approved monthly allowance \$ _____	Approved monthly allowance \$ _____	Approved monthly allowance \$ _____
Approved purchase allowance \$ _____	Approved purchase allowance \$ _____	Approved purchase allowance \$ _____
Approved shared device \$ _____	Approved shared device \$ _____	Approved shared device \$ _____
Cost Center	<input type="checkbox"/> I hereby authorize FIU Payroll to pay the approved amounts to the employee. <input type="checkbox"/> I hereby authorize the Purchasing Pro-Card Coordinator to permit purchase of the departmental shared cellular phone device. Name of Authorized Pro-Card Holder _____	
Activity #: _____		
Cost PID: _____		
Task: _____		
Budget Ref: _____		
Project _____ Fund _____		

Instructions

SECTION 1: Employee Information

Enter requested employee information

SECTION 2: Allowance Request

Check off allowance amount being requested.

Notes:

- Monthly allowance amount should be consistent with your FIU business related needs.
- Requests for additional monthly allowance is considered an exception and requires executive approval from respective Vice President, 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.

If requesting an additional monthly allowance, 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 cost center information where allowances will come from and the approved amounts. Activity number or Project is required. Optional fields to be used if applicable are Cost PID, Task, Budget Ref, and Fund.
- 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 is being requested, Department Head/OSRA Authorized Representative must then send form to appropriate Vice President, 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.

Once completed, submit your form to the Division of Human Resources – PC 224.