

University of Kentucky

Cellular Allowance Request Form

Use this form to provide information to document the eligibility requirements for requesting payroll supplemental compensation pay for the **business cost** of this service. This authorization must be reviewed and approved by either the President Provost, EVP, VP, Dean, or Director. Additionally the supplement compensation must be resubmitted for approval annually. Return the completed form to: UK Payroll, Peterson Service Building 0005. The url is: <http://www.uky.edu/EVPFA/Controller/files/BPM/Q-1-2.pdf>

Eligibility Requirements

1. The employee's job requires him/her to be readily accessible for frequent contact with the public or with University faculty, staff or students **and**
2. The employee's job limits his/her access to regular land-line telephones that would satisfy the required business communication needs; **and**
3. Monthly usage for business purposes is consistently **95%** or more of tier selected for cash allowance.

Type of allowance:	Place an "x" in the appropriate cell:	Date:
<input type="checkbox"/> Tier 1	< 450 Minutes Business Use	<u>Monthly</u> \$ 21 max per yr = \$ 252
<input type="checkbox"/> Tier 2	450-900 Minutes Business Use	\$ 56 max per yr = \$ 672
<input type="checkbox"/> Tier 3	>900 Minutes Business Use	\$ 84 max per yr = \$ 1,008
<input type="checkbox"/> Tier 4	PDA Only	\$ 49 max per yr = \$ 588
<input type="checkbox"/> Tier 5	PDA + Cell	\$ 104 max per yr = \$ 1,248
<input type="checkbox"/> Tier 6	Air Card for Laptop	\$ 84 max per yr = \$ 1,008
<input type="checkbox"/> Other (explain) (e.g. equipment hardship)		

Phone number being authorized: _____ Convert Contract from CL to IL **OR** New Contract

Employee Name: _____

Employee ID: _____

Job Title: _____

Department: _____

Cost Center/Cost Object to be charged*: _____ Note: cannot be Grants starting with 304

Reminder: If a plan with PDA access is chosen, an annual charge of \$65 will be charged to this account for enterprise server access.

Justification:

Time Period requested for this allowance* :

Start Date: _____ **End Date:** _____

*NOTE: If this field is not filled out, start date will be assumed to be the date of receipt of this form in the Payroll Office. The end date will be assumed to be June 30 of this fiscal year (FY). Requests cannot cross the FY. FY = July 1 through June 30). Start Date can be no sooner than July 1 of the current FY. End date can be no later than June 30 of the current FY.

Departments have responsibility to forward an updated form with the end date updated if business need changes during the year and allowance needs to be stopped. We do not require signature and higher level to stop the payment.

Departments must also notify Payroll to make appropriate cash allowance changes for transferred employees.

Gross TOTAL Amount requested for the time period above:** _____

**Amount should cover the entire time period requested above. Request expires no later than June 30.

Note: In addition to the Gross Total Amount, the department budget will incur 7.65% for FICA.

Employee Certification and Signature:

I certify that I will use the funds requested toward the business use designated above, and promptly report any changes in the level of those business expenses to my supervisor. I further certify that I have read, understood and intend to comply with University Cellular Devices Policy and Procedures.

Signature _____ (written/typed name) _____ Date _____

Supervisory Certification and Signature:

I certify that the requested allowance is needed for this employee, to cover work-related expenditures due to cellular device use, or Other, as described above. I further certify that I have read, understood and intend to comply with University Cellular Devices Policy and Procedures.

Signature _____ (written/typed name) _____ Date _____

Authorization - Next Higher Level:

Signature: President, Provost, EVP, VP, Dean, Director _____ (written/typed name) _____ Date _____

Submit form to the Payroll Office, 340 Service Bldg, 0053

Payroll Use Only

wage type	tier	signature	date entered

Approval Signature as required: