



PAYROLL SERVICES

Monthly Communication Allowance Enrollment

(only available to First Responders or those individuals required to deal with emergencies that regularly require them to come to campus outside normal working hours)

_____	_____	_____
Name (Last, First, MI)	(UIN)	Department Name
_____	_____	_____
Dept. Contact Name	Dept. Contact Phone	Dept. Contact Email Address

The following allowances are for Communication Service Plans as noted in [Communication Allowance SAP 25.99.09.M0.01](#).

Action Requested:

Monthly Communication Plan Allowance Options:

NEW CHANGE CANCEL

Allowance Requested:

Department Head Initials required next to option selected.

Exceptions to the maximum allowances listed below are subject to approval by the President.

Telephone/PDA Services

- _____ \$30 – Monthly communication service allowance voice only
- _____ \$60 – Monthly communication service allowance voice/data
- _____ \$90 – Monthly communication service allowance voice/data/added features.

Employee Responsibility:

I have read the [Communication Allowance SAP 25.99.09.M0.01](#) and I 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.

- I do not have a university issued cell phone at this time.
- I do have a university issued cell phone and have submitted a disconnect notice to Telecommunications to have it cancelled. (When the response to these statements is #2, the form will be sent to telecommunications for verification of the disconnect notice and the Communications Allowance will not begin until the confirmation is received in Payroll Services.)
<http://telecom.tamu.edu/files/workOrderCellPhone.pdf>

I certify that I am a First Responder or required to deal with emergencies that regularly requires me to come to campus outside normal working hours.

_____	_____
Employee Signature	Date

Required Payroll Funding information (To be completed by departmental payroll administrator)

PIN #	Voucher #	Pay Type	Part # (01, 02, etc.)	Account #	Support Account No.	Accounting Analysis	Object Class	Pay Code
	0497	U					1940	38

I certify that the above named employee is a First Responder or required to deal with emergencies that regularly require them to come to campus outside normal working hours.

_____	_____	_____	_____
Department Head Signature—Required	Date	Dean/VP Approval —Required	Date

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.

TAMU—Send to: Payroll Services, MS 1261, payrollprocessing@tamu.edu	FAX: 979-845-4134
TAMUG—Send to: Payroll Services, pavroll@tamug.edu	FAX: 979-845-4134