

**PAYROLL SERVICES**
**Monthly Communication Allowance Enrollment**

(only available to First Responders or those individuals conducting mission critical University business.)

 \_\_\_\_\_  
 Name (Last, First, MI)

 \_\_\_\_\_  
 (UIN)

 \_\_\_\_\_  
 Cell Phone #

 \_\_\_\_\_  
 Employee Work Phone

 \_\_\_\_\_  
 Employee Email Address

 The following allowances are for Communication Service Plans as noted in [WTAMU Communication Allowances Standard Administrative Procedure](#).

**Action Requested:**

Monthly Communication Plan Allowance Options:

 NEW  RENEW  CHANGE  CANCEL 
**Allowance Requested:**
*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 [WTAMU Communication Allowances Standard Administrative Procedure](#) and I understand the associated Employee Responsibilities. In addition, I understand that these allowances are considered taxable compensation required tax withholdings and are **NOT** my base salary.

Classified employees (non-exempt) should not utilize their cell phone or any other telecommunications device for work purposes outside normal work hours and days, unless authorized by their supervisor and compensated for the time performing duties. This likewise means any work from home or during lunch. Contact Human Resources at extension 2116 if you have any questions regarding this guidance

I certify that I am a First Responder or required to conduct mission critical University business.

 \_\_\_\_\_  
 Employee Signature

 \_\_\_\_\_  
 Date

**Required Payroll Funding information** (To be completed by departmental personnel)

Department Name	Pay Type	Campus #	WT Account #	Object Class	Pay Code
	U	18		1940	38

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.

 Send to: Payroll Services, OM116 [payroll@wtamu.edu](mailto:payroll@wtamu.edu)

FAX: 806-651-2113