

University of Northern Iowa
Cell Phone & Data Access Policy Allowance Form
 Request for cellular communication device

Employee Cell #:

Use this form to provide information that would document eligibility for receiving supplemental taxable compensation for providing a personally-owned and maintained portable communication device for business purposes per UNI Policy 9.46. This authorization must be reviewed and approved by a Dean or VP, or their designee. Additionally, the allowance must be renewed and approved annually.

Reference guidelines for policy 9.46 to determine appropriate allowance amount(s).

Employee Name:			University Phone #:		Department:			Effective Date:	
Employee Uid:			Requested Monthly Amount: (not to exceed \$45)						
			\$						
Fund	AY	Org	Object Code	Program	Function	Activity	Line	One-time Equipment Amount (taxable):	
			63750				000		

Employee's department account code combination to be charged for allowance.

Guidelines:

The department must determine that the technology has a business need, that the department has the funds available to cover the allowance and agrees to do so.

University employees are eligible to receive supplemental compensation if they meet all of the following criteria:

1. The employee is required, as part of their job, to be readily accessible for frequent contact or critical contact with the public or with University administrators, faculty, staff, or students; *and*
2. The requirement for accessibility extends to time away from campus (at home or traveling), involves on-call responsibilities, or the employee's job limits his or her access to regular land-line telephones or Internet access that would satisfy the required business communication needs; *and*
3. A strong business case can be made that supports the University incurring the cost of the service, and

The employee must retain an active data or cellular service contract as long as the allowance is in place. The employee agrees to notify the department head within 5 days if he or she no longer meets eligibility requirements, fails to replace non-working, damaged, or lost communication devices, or fails to maintain a service plan.

Describe below how having a communication device benefits the University as well as how the job requires ready access for frequent or critical contact with either the public or with University faculty, staff or students:

I certify that I meet all of the criteria for eligibility for supplemental compensation as required by this policy. I understand that the University is relying on my statements to provide supplemental compensation. I further understand that if any of my statements regarding this form/program are found to be false or misleading I may be subject to discipline, up to and including termination.

I understand by acceptance of this allowance my devices may be subject to open records requests.

Employee Signature	Date

The above named technology has been determined to be a business necessity or requirement for the Department.

Supervisor's Signature	Date

I approve the above allowance.

Dean, VP or Designee Signature	Date

Form must be resubmitted annually by November 30 for subsequent year allowance payment. Retroactive allowances are not allowed.