



Cellular Communication Services Allowance Discontinuation Notice

SECTION 1: Employee Information		
Employee Name:	Employee ID:	
Department:	Budget #:	
SECTION 2: Discontinuation Reason (check all that apply)		
<input type="checkbox"/> Employee transitioned to a new position and is no longer eligible <input type="checkbox"/> Employee transitioned to another department and is no longer eligible <input type="checkbox"/> Position duties no longer meet allowance eligibility criteria <input type="checkbox"/> Separation of employment <input type="checkbox"/> Other: <hr/> <hr/>		
SECTION 3: Approvals		
<u>Department</u>	<u>VP Approval</u>	
Dean/ Director/ Department Head	Vice President	
Name:	Name:	
Title:	Title:	
Signature:	Signature:	
Date:	Date:	
SECTION 4: Processing		
<u>SRAS</u>	<u>Information Technology Services</u>	<u>Payroll Services</u>
	<u>Human Resources</u>	<u>Effective Date</u>