



Cellular Communication Services Allowance Authorization

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|---|---|------------------------------|
| SECTION 1: Employee Information | | |
| Employee Name: | Employee ID: | Position #: |
| College / Department: | Budget # (one only): | E (expense) |
| I hereby certify the accuracy of all information contained herein, and confirm that I will comply with all relevant FSU Policies, including policies OP-H-5 and OP-H-7. | | |
| Employee Signature: _____ | | Date: _____ |
| SECTION 2: Department Initiated Monthly Allowance Request | | |
| Monthly Service Type & Allowance Level: | | |
| <input type="checkbox"/> | Cellular voice & text service | \$ 40 |
| <input type="checkbox"/> | Cellular voice, data, text bundled service | \$ 75 |
| <input type="checkbox"/> | Full coverage* | \$ _____ |
| SECTION 3: Justification (check all that apply) | | |
| <input type="checkbox"/> Job function requires considerable time outside of assigned office or work area and it is essential to the University that the employee be accessible during those times. <input type="checkbox"/> Job function requires continuous accessibility beyond scheduled or normal working hours (i.e. on-call responsibilities for critical University services). <input type="checkbox"/> Job function requires access to email outside of the office or beyond normal scheduled working hours, and it is essential for the University that the employee has the ability to receive and send email during those times. <input type="checkbox"/> Job function requires remote access to enterprise networks or applications beyond normal scheduled working hours, and it is essential for the University that the employee has the ability to support critical University operations. | | |
| SECTION 4: Approvals | | |
| <u>Department</u> | <u>*VP of Finance & Administration Approval</u> (Full coverage only) | |
| Dean/ Director/ Department Head Name: | Vice President of Finance & Administration Name: | |
| Title: | Title: | |
| Signature: | Signature: | |
| Date: | Date: | |
| By signing above, I hereby authorize FSU Payroll Services to pay the approved amount to the employee. | By signing above, I hereby authorize FSU Payroll Services to pay the approved amount to the employee. | |
| SECTION 5: Processing | | |
| <u>Information Technology Services</u> | <u>SRAS</u> | <u>Human Resources</u> |
| Reviewed: | Approved: _____ Project: _____ | Reviewed: _____ |
| | | Date: _____ <u>Processed</u> |