



MONTHLY COMMUNICATION PLAN ALLOWANCE ENROLLMENT FORM
(Disbursed via Direct Deposit)

Name (Last, First MI)		S Number		Work Phone #	Cell Phone #
		70750			
Department	Mail Stop	Index	Account	E-Mail Address	
Business Purpose:					

Monthly Communication Plan Allowance Options:

_____ \$50.00 Default/standard allowance. Examples: business use amounts to up to 25%, voice only, data only, emergencies only/occasional availability.

_____ \$75.00 Examples: 25% - 50 % business use, both voice and data, needs constant availability.

_____ \$100.00 Examples: More than 50% business use, continuous use (not Wi-Fi). Generally reserved for Vice Presidents and President. **Requires Vice President approval.**

***The allowance will be processed monthly via direct deposit. Attach an Accounts Payable Direct Deposit Authorization Form if you are not already enrolled in this service. (Note: Accounts Payable Direct Deposit is completely separate from Payroll Direct Deposit. When enrolled, all expense reimbursements, i.e. communication plan, travel, mileage, etc., will be deposited electronically.**

Employee Statement

I have read and understand the associated Personal Communication Program Guidelines. In addition, I understand that these allowances are meant for College business and are **NOT** part of my base salary. Personal use should be minimal.

Employee Signature

Date

APPROVED:

Department Head Signature

Date

Top Tier Approved

Vice President Signature (Top tier only)

Date