

University of Puget Sound
Allowance for Communication and Technology Devices and Services
Request Form

Please submit completed and approved forms to Payroll (Howarth 016/CMB 1064) by the 1st for the 15th of the month payday, and by the 15th for the end of the month payday. Allowances authorized by forms received after these dates will begin the following payday.

1. Faculty/Staff Member:

New Request Change Request

Name: _____
Position: _____

UPS ID #: _____
Department: _____

2. Business Purpose (check all that apply):

- Required** to spend considerable time during normal working hours outside of office or work area
- Required** to have **regular** access to telephone services
- Required** to have **regular** access to internet services
- Required** to **regularly** be accessible outside of normal working hours

3. One-time mobile device allowance (if applicable up to \$300.00)ⁱ: \$ _____

4. Type and amount of allowance(s) authorized (not to exceed monthly service cost):

- a. Cell phone: \$5.00/pay (\$10/month) \$10.00/pay (\$20/month) \$20.00/pay (\$40/month)
- b. Mobile deviceⁱⁱ: \$29.00/pay (\$58/month) \$41.50/pay (\$83/month) \$54.00/pay (\$108.00/month)
- c. Broadband: \$25.00/pay (\$50/month)

5. Department to be charged (if different from faculty/staff member's regular department):

Speed Chart (6-digit): _____ Description (corresponding to code): _____

6. Certification and Approval

Those signing the form below acknowledge they have read and followed [Puget Sound's Allowance Policy for Communications and Technology Devices and Services](#) and the **requested allowance does not exceed the faculty or staff member's monthly service cost.**

- a. Faculty/staff member Signature: _____ Date: _____
- b. Supervisor/budget manager confirmation of business purpose and budget adequacy (if applicable):
Printed name: _____ Title: _____
Signature: _____ Date: _____
- c. President's cabinet member or authorized delegate approval:
Printed name: _____ Title: _____
Signature: _____ Date: _____

Human Resources

Entered by: _____

Date entered: _____

Reviewed by: _____

Date reviewed: _____

Questions?

Please review the [Guidance for Decision Makers](#) document for assistance in determining appropriate and necessary allowance levels.

For other questions, please contact the payroll office at payroll@listhost.pugetsound.edu or at 253.879.3416.

ⁱDoes not already have a compatible mobile device and needs to acquire one. Based on the actual cost of the device, fill in a one-time amount up to (not to exceed) \$300.

ⁱⁱCovers both monthly service cost and ongoing device replacement (3-year replacement cycle).