

# PEPPERDINE UNIVERSITY

## TELECOMMUNICATIONS ALLOWANCE REQUEST

### Employee Information (All fields are required)

Name (Last, First, MI) _____	Campus-Wide ID _____
Job Title _____	Payroll <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly
Department _____	Extension _____
Email _____	

New Request

Annual Renewal Request

Discontinue Allowance

A Telecommunications Allowance is a non-taxable reimbursement to an employee who is required to use a personal cell phone for business purposes. The allowance is intended to cover a reasonable portion of the employee's cell phone and/or internet costs.

Employee's supervisor must determine the employee's eligibility for a Telecommunications Allowance based on specific job requirements; convenience is not appropriate criteria for awarding an allowance. Prior access to a Telecommunications Allowance should not be used to determine employee's eligibility or monthly allowance amount.

Required Business Use	Monthly Allowance	Select Plan
<b>Low Use</b> – less than 40% of personal cell-phone use is for business; employee occasionally required to respond after hours for work by way of phone or text, or may be required to use business-specific phone app.	\$15	<input type="checkbox"/>
<b>Medium Use</b> – between 40-60% of personal cell-phone use is for business; voice, text and data capabilities are required. Employee may also occasionally travel for business.	\$30	<input type="checkbox"/>
<b>High Use</b> – more than 60% of personal cell-phone use is for business; voice, text and data capabilities are required. Employee may also frequently travel for business, or be required to conduct University business at any time of day or night.	\$60	<input type="checkbox"/>

Fiscal Year \_\_\_\_\_ Effective Date \_\_\_\_\_

**This agreement expires at the end of the current fiscal year and must be renewed for each fiscal year an allowance is requested.**

I have read and agree to comply with the University Telecommunications Procedures, available at <https://community.pepperdine.edu/finance/payroll/telecommunications/procedures.htm>

\_\_\_\_\_  
*Employee (Signature)* *Print Name* *Date* *Extension*

The allowance is needed to cover work-related expenditures due to telecommunication use.

\_\_\_\_\_  
*Supervisor (Signature)* *Print Name* *Date* *Extension*

\_\_\_\_\_  
*Major Area Budget Manager (Signature)* *Print Name* *Date* *Extension*

\_\_\_\_\_  
*Vice President (Signature)* *Print Name* *Date* *Extension*

**Return Completed Form to the Payroll Office - Mail Code 4636**

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