

## **TELECOMMUNICATIONS ALLOWANCE REQUEST**

Employee Information (All fields are	required)		
Name (Last, First, MI)		Campus-Wide ID	
Job Title		Payroll 🗌 Monthly 🗌 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	
<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	
<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	

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 <u>https://community.pepperdine.edu/finance/payroll/telecommunications/procedures.htm</u>

Employee (Signature)	Print Name	Date	Extension
The allowance is needed to cover work-rela	ted expenditures due to telecommun	ication use.	
Supervisor (Signature)	Print Name	Date	Extension
Major Area Budget Manager (Signature)	Print Name	Date	Extension

Vice President (Signature)

Print Name

Extension

Date

Return Completed Form to the Payroll Office - Mail Code 4636