

# 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

		<b>Select Plan(s)</b>
		Only one Voice or Voice & Data selection allowed
<b>Voice BUSINESS Use</b>	<b>Monthly Allowance</b>	
Low Use	\$20	<input type="checkbox"/>
Medium Use	\$45	<input type="checkbox"/>
High Use	\$70	<input type="checkbox"/>
<b>Voice &amp; Data BUSINESS Use</b>		
Low Use	\$60	<input type="checkbox"/>
Medium Use	\$90	<input type="checkbox"/>
High Use	\$120	<input type="checkbox"/>
<b>Mobile Data BUSINESS Use</b>		
2 GB	\$27	<input type="checkbox"/>
<b>Internet Service BUSINESS Use</b>		
Standard	\$38	<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 Policy, available at <http://services.pepperdine.edu/finance/policies.htm#S20>

\_\_\_\_\_  
*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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