

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

	Monthly Allowance	Select Plan(s) Only one Voice or Voice & Data selection allowed
Voice BUSINESS Use		
Low Use	\$20	<input type="checkbox"/>
Medium Use	\$45	<input type="checkbox"/>
High Use	\$70	<input type="checkbox"/>
Voice & Data BUSINESS Use		
Low Use	\$60	<input type="checkbox"/>
Medium Use	\$90	<input type="checkbox"/>
High Use	\$120	<input type="checkbox"/>
Mobile Data BUSINESS Use		
2 GB	\$27	<input type="checkbox"/>
Internet Service BUSINESS Use		
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 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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