



Cell Phone Allowance Request Form

Employee Information

New

Change Request

Term Request

Renewal Request

Employee Name: _____

Employee ID: _____ **Department/College:** _____

The cell phone is being used to conduct university business and has been provided for non-compensatory business reasons. Please check box(es) as applicable:

Employer needs to be able to contact the employee at all times for work related issues.

Employer requires the employee be available to speak with customers at times when the employee is away from the office or at times outside the employee’s normal work schedule.

Employee Signature: _____

Monthly Allowance

Monthly Cell Phone Service: _____ **% UCF Use:** _____ **Allowance:** _____

Cell Phone and Accessories: _____ *(Amounts above \$300 require Vice Presidential approval – not including gross up)*

Calculated Amount with Gross Up: _____ **Funding/Project Number:** _____

Department Contact: _____ **Phone Number:** _____

I hereby approve the request

Print President, Vice President, Vice Provost, Dean, or Designee Name: _____

Approver’s Signature: _____ **Date:** _____

Print Name: _____

Earnings Bi-Weekly Amount: _____ *(Amounts above \$57.50 require Vice Presidential approval)*

One Time Device Payment with Gross Up: _____ *(Amounts. above \$300 require Vice Presidential approval-not including gross up)*

Approver Signature for Device Payment: _____ **Date:** _____

By approving this request, I authorize UCF to pay the employee allowance and certify that I have read and understand the UCF Cellular Telephone Acquisition and Use Policy 4-009.2. I further certify that the use of an employee’s cellphone and allowance amounts are a requirement to fulfill this employee’s job duties. I affirm that the allowance requested is appropriate for the level of usage.