University of Arkansas at Monticello
Allowance for Wireless Device Authorization Form
Fiscal Year Ending June 30,____

Employee _____ Employee ID _____
Last First Middle Initial

Employee Job Title (Use Working Title if applicable) _____

☐ Cell Phone ☐ Other – Explain _____

Monthly amount requested and authorized: $_____
In accordance with UAM Operating Procedure 345.3, a monthly amount greater than $70 must be submitted in writing to the Vice Chancellor of Finance and Administration and approved by the Executive Council. This amount must not exceed the employee's actual monthly expense.

Account Number	Account Name	Amount	Percent
UAM0_-501110-_ _ _ _ _ -_ _ _ _ _ _ _			
UAM0_-501110-_ _ _ _ _ -_ _ _ _ _ _ _			
UAM0_-501110-_ _ _ _ _ -_ _ _ _ _ _ _			
	Total		

This form authorizes an allowance for employees utilizing their personal cell phones for University business in accordance with UAM Operating Procedure 345.3. At any time that an employee's cell phone is no longer justified as a valid business expense to the University, the Unit/Department Head is responsible for communicating the change to the Personnel Office.

Payment will be made semi-monthly in the same manner as the employee's regular payroll method (electronic direct deposit, pick up at the department, mailed to home address) on file in the Personnel Office.

Employee and Unit / Department Head Certification and Signature:

I certify that the requested allowance is needed to cover work-related expenditures due to cell phone use or other wire devices as indicated above.

_____ _____
Employee Signature Date

_____ _____
Unit / Department Head Signature Date

Supervising Executive Council Member Approval:

_____ _____
Supervising Executive Council Member Signature Date

Revised 1/4/12