

WIRELESS SERVICE ALLOWANCE REQUEST

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

-- -- Employee Section -- --

Employee Name: _____ Employee I.D. #: _____ Last 4 digits of SSN: _____
Last First Middle

Department: _____ E-mail: _____ Office Phone #: _____ Mail Code: _____

Wireless Service #: _____

Monthly Wireless Service Allowance: \$25
 \$45

Paid: Monthly
 Semi-Monthly
 Bi-Weekly

Employee Justification:

I have read the Wireless Service Guidelines. I understand the employee responsibilities as outlined. I will provide my personal wireless service number within five days of activation and will be available for calls during those times specified by my management. I will inform the university when I am no longer eligible for the allowance or when my wireless service plan is cancelled. I am responsible for all charges on my personal wireless service plan.

Employee Signature: _____ Date: _____

This agreement supersedes previously executed agreements and takes effect on the next payroll cycle after receipt of this form by the SIUC Payroll Office.

-- -- Department Section -- --

Costing Change ONLY

Fund	Unit	BP	Dept Act 1	Dept Act 2	Function	Nat Act	FY	BP Description

(Note: only 1 costing unit is allowed, and cannot be charged to a grant or restricted account.)

Pay Period **BEGIN** Date: _____

Payroll Use Only: (Allowance STARTS)
PP## _____ Begin Date _____

Pay Period **END** Date (if applicable): _____ OR **Perpetual** (will remain in effect until a subsequent form is received)

Approvals:

Fiscal Officer: _____ Date: _____ Approved Denied

Dean/Director: _____ Date: _____ Approved Denied

Vice Chancellor: _____ Date: _____ Approved Denied
(Mandatory)

Reason for Denial:

Discontinuance of Monthly Wireless Service Allowance:

Pay Period **END** Date: _____

Payroll Use Only: (Allowance STOPS)
PP## _____ End Date _____

Fiscal Officer: _____ Date: _____

Submit **ORIGINAL** to: Human Resources - Payroll MC: 6520, Email hrinfo@siu.edu or Fax 618-453-3453

Retain **COPY** for: Employee Department