

**Montana State University Billings  
Electronic Communication Device  
Employee Allowance Authorization Form**

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Department \_\_\_\_\_

*Note: The allowance will be charged to the same indexes that the employee is paid from, and will show as a payroll expense; however, if the employee is paid in whole or in part from a grant, you must specify a non-grant index number to which the allowance will be charged:* \_\_\_\_\_

**Allowance Start Date:** \_\_\_\_\_ (Allowance must be reviewed and form resubmitted annually by January 31<sup>st</sup> each year. Should the plan be cancelled or the business use change, a new form must be submitted promptly.)

**Monthly Allowance Amount:** \_\_\_\_\_ (**Attach copy of service contract or statement.** See procedures for suggested amounts/limits.)

**One-time allowance for equipment purchases:** \_\_\_\_\_ (**Attach receipt.** Note: The monthly allowance amount covers recurring service plan charges. If a device must be purchased, the department may choose to reimburse the employee for part or all of the device cost through the allowance process.)

**CURRENT PLAN features:**

**Mobile service provider Name:** \_\_\_\_\_

**Monthly Charge:** \$ \_\_\_\_\_

**Device Telephone number:** \_\_\_\_\_

**(this number must be made available to University)**

**Distinguishing service characteristics** \_\_\_\_\_

**I have read the Electronic Communication Devices Policy (<http://www.msubillings.edu/staff/cellphone>) and agree with its terms and conditions.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**To be completed by Supervisor/Fund Controller:**

**Supervisory certification of the business purposes for this allowance** (mark all that apply):

- This employee is a key staff member needed in the event of an emergency (cabinet, etc.)
- This employee is frequently away from access to traditional land-based phone services.
- This employee is involved in frequent off hours/on-call activity.
- This nature of this employee's work is critical and immediate response is required.
- The related cost is justified when compared with alternative communication choices.
- Other- If not listed above, please state why device is necessary, why it is essential in carrying out job responsibilities and why job responsibilities could not be carried out without it. \_\_\_\_\_

**Approvals:**

**Department Head or Director** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chancellor or Vice Chancellor** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CIO/Information Technology** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payroll/Grants Contracts (if appl):** \_\_\_\_\_ **Date:** \_\_\_\_\_