



# Wireless Communication Device Allowance Request/Change Form

Please attach approved form to Workday Allowance Plan. For more information on the University policy, please visit [here](#).

### Section I: Type of Request

This form is a(n):  Initial Request  Change request  Cancellation

### Section II: Employee Information

Employee Name: \_\_\_\_\_ Penn ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone Number (if applicable): \_\_\_\_\_

### Section III: Allowance Information

#### Budget Code To Be Charged:

Department	Fund	Program	CREF

#### Request for Monthly Wireless Communication Device Allowance:

<b>Total Monthly Allowance Requested (\$50 maximum)</b>		<b>Begin Date</b> (must coincide with begin date of <a href="#">payroll period</a> )	
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#### Business Justification for Allowance:

#### Cancellation Request for Allowance:

Effective Date of Cancellation	Reason for Cancellation

### Section IV: Certification & Approvals

I certify that the above allowance will be used toward expenses I incur for wireless communication device usage and that I am responsible for the payment of any cost that exceeds the approved University allowance. I also understand that I am responsible for keeping my wireless communication device/services operational as long as I receive this allowance. I confirm that I will utilize the University Allowance Request/Change Form to notify University of Pennsylvania departments of my cell phone number if applicable and any changes to my cell phone number. I understand and intend to comply with the University's policies and procedures. I understand the University's contribution toward the purchase of a monthly wireless communication device/services plan is NOT part of my base salary and that contract provisions of any communication service plan entered into under this program are my personal responsibility. I also certify that the communication service plan will be used in the performance of my University job responsibilities as defined by my supervisor.

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

Date

Dean/Director/Dept. Head: \_\_\_\_\_

Date