

**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 31st 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:** _____