



Mobile Service Allowance (MSA) Agreement

Employee Full Name: _____ Employee ID#: _____

Job Title: _____ Department: (Central Dept. ONLY) _____

Cell/Smart Phone Number (with area code): _____ Allowance Start Date: _____

Budget # to be charged: _____ Task: _____ Option: _____ Project: _____

Phone Minutes Allowance: \$ _____ Data Allowance: \$ _____ Text Allowance Amount: \$ _____

Total Mobile Service Taxable Monthly Allowance: \$ _____

Business Justification for Allowance:

The employee is required to have a mobile device for business use and is eligible for a mobile device allowance (MDA) because he/she meets both of the following criteria's listed. (1) The job function of the employee requires considerable time outside of the assigned office or work area. (2) It is important to the University that the employee is accessible during and outside of the normal work hours (while at home, out of town, etc.).

Supervisor Responsibility – I understand that by approving a MSA, as opposed to a UW Mobile Device, I agree to the following:

- That there is a business justification for awarding this allowance, see statement above.
- I will determine whether the employee's MSA should be changed or discontinued.
- I will be required to gather invoices annually and when requested by F&A for audit and review.
- If the allowance amount is determined that it is no longer appropriate, the employee transfers or is no longer eligible for a MSA, I will promptly notify F&A to end the distribution in OPUS.

Employee is required to use the following for business purposes (CHECK ALL APPLICABLE):

☐ Phone Minutes (\$25) ☐ Data (\$35) ☐ Text (\$15)

Mobile Service User Responsibility – I have read to this agreement and I understand the following:

- MSA is taxable benefit that is not part of my base salary, and that any service contract purchased is my personal responsibility.
- Any escalatory cost increases and/or costs associated with my initiation of a plan change or termination prior to the end of my service contract are solely my responsibility. In addition, any maintenance and/or repair costs are my responsibility. Setting up international roaming for my device prior to traveling to international destinations (including Canada) is my responsibility.
- I am required to provide my mobile device number to my supervisor.
- The mobile device will be used at least in-part in the performance of my job responsibilities as defined by my supervisor.
- I am required to maintain active service for the life of the allowance.
- I will be required to show my invoices to supervisor/F&A annually and when requested for review.
- **I understand that any business related call records on plans subsidized by UW may be subject to Freedom of Information Act (FOIA) and/or subpoena.**
- If agreement terms are not upheld, then the supervisor and/or F&A have the right to discontinue the allowance.

This Mobile Device Allowance Agreement is subject to change

Supervisor's Name (PRINT)_____
Supervisor's Signature_____
Date_____
Employee's Name (PRINT)_____
Employee's Signature_____
Date

Attached the last TWO invoices of your personal cell phone account and CC: (1) F&A Facilities/Payroll, (2) Supervisor, and (3) Employee

UW Policy APS 55.1: <http://www.washington.edu/admin/rules/policies/APS/55.01.html>

Effective 2/2/2012