

**University of Arkansas at Monticello**  
**Allowance for Wireless Device Authorization Form**  
**Fiscal Year Ending June 30, \_\_\_\_\_**

Employee \_\_\_\_\_ Employee ID \_\_\_\_\_  
                     Last                                First                                Middle Initial

Employee Job Title (Use Working Title if applicable) \_\_\_\_\_

Cell Phone            Other – Explain \_\_\_\_\_

Monthly amount requested and authorized: \$ \_\_\_\_\_

In accordance with UAM Operating Procedure 345.3, a monthly amount greater than \$70 must be submitted in writing to the Vice Chancellor of Finance and Administration and approved by the Executive Council. This amount must not exceed the employee's actual monthly expense.

Account Number	Account Name	Amount	Percent
UAMO -501110- - - - -			
UAMO -501110- - - - -			
UAMO -501110- - - - -			
Total			

This form authorizes an allowance for employees utilizing their personal cell phones for University business in accordance with UAM Operating Procedure 345.3. At any time that an employee's cell phone is no longer justified as a valid business expense to the University, the Unit/Department Head is responsible for communicating the change to the Personnel Office.

Payment will be made semi-monthly in the same manner as the employee's regular payroll method (electronic direct deposit, pick up at the department, mailed to home address) on file in the Personnel Office.

**Employee and Unit / Department Head Certification and Signature:**

I certify that the requested allowance is needed to cover work-related expenditures due to cell phone use or other wire devices as indicated above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit / Department Head Signature

\_\_\_\_\_  
Date

**Supervising Executive Council Member Approval:**

\_\_\_\_\_  
Supervising Executive Council Member Signature

\_\_\_\_\_  
Date