

Texas Woman's University
Communication Device Allowance Form – Submitted Annually

Employee Name:	TWU ID:	Date:
Title:	Department:	
Eligibility (select one): Emergency workers, including police, fire, environmental health and safety, and facilities personnel. Facilities Management and Construction authorized personnel. Athletics as required to meet NCAA compliance standards. Other _____		
Did this employee receive benefits under the Cellular Communication Policy prior to August 31, 2019? <div style="text-align: center;"> Yes No </div>		

Select Talk and Text	\$30 – Unlimited
Select Data Service (up to \$37)	\$ _____

Effective Date:	
End Date:	
Source Account:	

I hereby certify that I have read the University's Cellular Communications Policy and I understand the responsibilities of managing my cell phone	Printed Name:	
	Signed:	
	Date:	
Supervisor Recommendation	Printed Name:	
	Signed:	
	Date:	
Provost or Vice President Authorization	Printed Name:	
	Signed:	
	Date:	

Please submit the completed form to Payroll by the prescribed payroll deadlines. Stipends for requests received after the deadline will be included on a subsequent check.

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 To be completed by Payroll Office

Payroll Office	Processed by:	
	Date:	