

## Cell Phone Allowance Verification Form

This form is to verify the department's election to provide an employee with a cell phone allowance for the use of his or her personal cell phone in accordance with [UHCL Cell Phone Allowance Guidelines](#).

Please complete the information requested below and submit via email:

Questions? Call 281-283-2140 or email [AVPBusOps@uhcl.edu](mailto:AVPBusOps@uhcl.edu)

Employee Name & Title: \_\_\_\_\_

UHCL Empl ID: \_\_\_\_\_ Position #: \_\_\_\_\_

Department Code & Name: \_\_\_\_\_

Amount requested per month: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Justification for additional pay:

  
  
  

**Employee Certification and Signature**

I understand that the cell phone allowance will be added to my salary as taxable income. I have read, understood, and intend to comply with the UHCL Cell Phone Allowance Guidelines.

X \_\_\_\_\_ Date \_\_\_\_\_

**Approving Supervisor Certification and Signature :**

I certify that the above allowance is intended for the employee's use of a personal cell phone in order to fulfill his or her job duties. I also certify that I have read, understood, and intend to comply with the UHCL Cell Phone Allowance Guidelines.

X \_\_\_\_\_ Date \_\_\_\_\_

**College/Division Business Administrator Signature:**

X \_\_\_\_\_ Date \_\_\_\_\_

**Component Head Signature (President, Sr. VP/Provost or VP):**

X \_\_\_\_\_ Date \_\_\_\_\_

**For AVP Business Operations Office Use Only:**

X \_\_\_\_\_ Date \_\_\_\_\_

**AVP Business Operations**