

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 the original hard copy to:

Finance Office Mail Code 103 North Office Annex (NOA) II
Questions? Call 281-283-2140 or email AVP_Finance@uhcl.edu

Employee Name & Title: _____

UHCL Empl ID: _____ Position #: _____

Department Code & Name: **C** _____

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 _____

Business Administrator Signature

X _____
Date _____

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

X _____
Date _____

For AVP Finance Office Use Only: X _____ AVP Finance	_____
	Date _____