**MOBILE COMMUNICATION DEVICE ALLOWANCE AUTHORIZATION FORM**

# Employee Name: Employee Job Title: Department Name:

**Last 4 digits of Employee ID: Job Position #: Person Completing Form:**

Note: The allowance will be charged to the same index es that the employee is paid from, and will show as a benefit expense; however,

# IF THE EMPLOYEE IS PAID IN WHOLE OR IN PART FROM A GRANT, YOU MUST SPECIFY A NON-GRANT INDEX NUMBER TO WHICH THE ALLOWANCE WILL BE CHARGED:

**Allowance Start Date: (must be the beginning of a pay period)**

(should the plan be cancelled or the business use change, a new form must be submitted promptly)

**Biweekly Allowance Amount:** (please check one) Please note - the biweekly allowance indicated will be paid over 26

pays annually (AY will be paid over 20)

*If the employee’s position number changes, a new form must be submitted*

$6.00 Limited use

$7.50 Low business use

$12.50 Moderate business use

$20.00 High business use

*The allowance covers recurring service plan charges. Advance approval by your HR Business Partner is required for requests in excess of $20.00. If a device must be purchased, the department may choose to reimburse the employee for the device cost through the normal BPA process.*

# Please list your CURRENT PLAN features:

Mobile service provider Name: Monthly Charge: $

Device Telephone number:

Distinguishing service characteristics

As a general rule, the university will pay up to the amount an employee would have incurred under a state plan sufficient to meet the employee’s business needs.

For more information refer to [https://www.montana.edu/policy/mobile\_comm\_devices/](http://www2.montana.edu/policy/itc/FINAL%20Policy%20on%20Mobile%20Comm%20Devices.htm)

# I have read the Mobile Communication Devices Policy and agree to follow all employee responsibilities as described.

**Employee Signature:** Date:

**Supervisory certification of the business purposes for this allowance** (mark all that apply):

* This employee is a key staff member needed in the event of an emergency (cabinet, etc.)
* This employee is frequently away from access to traditional land-based phone services.
* This employee is involved in frequent off hours/on-call activity.
* This nature of this employee’s work is critical and immediate response is required.
* The related cost is justified when compared with alternative communication choices.
* Other- If not listed above, please state why device is necessary, why it is essential in carrying out job responsibilities and why job responsibilities could not be carried out without it.

# Approval Signature:

Department Head or Director

**Retain a copy of this form and route the original to** [**msupayroll@montana.edu**](mailto:msupayroll@montana.edu)

Mobile Communication Device Allowance Authorization Form

Date:

Revised: 03/2025