



**Texas A&M University-Texarkana  
FY 2019 Monthly Communication Plan Allowance  
Enrollment**

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Universal Identification Number (UIN)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
E-MAIL Address

\_\_\_\_\_  
Source Account #

\_\_\_\_\_  
PIN

**Monthly Communication Plan Allowance Options** (*Department Head Initials required next to option selected*):  
*Monthly Service*

\_\_\_ **\$30** – Voice Only

\_\_\_ **\$60** – Voice/Data

\_\_\_ **\$90** – Voice/Data/Added Features

\_\_\_ **\$\_\_\_\_\_** - Other Approved Plan

I have read TAMUS Rule 25.99.09: Cellular Communication Devices and Services, and understand the associated Employee Responsibilities. In addition, I understand that these allowances are considered taxable compensation subject to required tax withholdings and are **NOT** part of my base salary.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature (required)

\_\_\_\_\_  
Date

Appropriate Vice President \_\_\_ Approve \_\_\_ Disapprove (required)\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
President Signature (required)

Date \_\_\_\_\_

Texas A&M University-Texarkana Privacy Notice: State Law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

**DO NOT RETURN THIS FORM TO PAYROLL. Requires a compensation change and costing allocation in Workday.**



**Texas A&M University-Texarkana  
FY 2019 Communication Equipment Allowance Form**

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Universal Identification Number (UIN)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
E-MAIL Address

\_\_\_\_\_  
Source Account #

\_\_\_\_\_  
PIN

The following are the approved Communication Equipment Allowances as noted in TAMUS Rule 25.99.09: Cellular Communication Devices and Services.

**Communication Device Allowance:**

*(Initials of Department Head required next to equipment authorized for business use by employee)*

\_\_\_ **\$100** – Equipment/Every 2 years

**REQUIRES** receipt or phone bill

I have read TAMUS Rule 25.99.09: Cellular Communication Devices and Services, and understand the associated Employee Responsibilities. I understand that this allowance is considered taxable compensation subject to required tax withholdings and is **NOT** part of my base salary. I also understand that any equipment purchased or contract provisions of any communication service plan entered into under this program are my personal responsibility.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appropriate Vice President \_\_\_ Approve \_\_\_ Disapprove (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
President Signature (required)

\_\_\_\_\_  
Date

Texas A&M University-Texarkana Privacy Notice: State Law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

**DO NOT RETURN THIS FORM TO PAYROLL. Requires a compensation change and costing allocation in Workday.**