

# UNIVERSITY of HOUSTON

## Cell Phone Allowance Verification Form

This form is to verify the department's election to provide an employee with a monthly allowance for the use of his or her personal cell phone in accordance with MAPP 05.04.07, Monthly Cell Phone Allowance.

Please complete the information requested below and submit to Human Resources on an ePAR.

Employee's Name (*Please Print*): \_\_\_\_\_

PeopleSoft ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Please select the allowance amount:

\$10.00

\$25.00

\$50.00

Other (*Specify Amount Less than \$50.00*): \_\_\_\_\_

Expiration Date of Allowance (no later than August 31 of the current fiscal year): \_\_\_\_\_

Note: The allowance will be charged to the same cost center as the employee's regular salary.

### 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 MAPP 05.04.07, Monthly Cell Phone Allowance.

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

\_\_\_\_\_  
Date

### Manager and Department Head 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 MAPP 05.04.07, Monthly Cell Phone Allowance.

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH THE SIGNED FORM TO THE ePAR IN ORDER TO PROCESS THE ALLOWANCE.**