

CASH ALLOWANCE AUTHORIZATION FORM

To authorize a Denison provided cash allowance in support of various work enabling resources; e.g., cell phones, PDAs (Personal Digital Assistants) cable modem or DSL broadband access services, etc.

Employee: _____ DU ID#: _____ Effective Date: _____

Employee's Cell Phone Number: _____ (Required, once known, if the allowance is for a cell phone)

Budget to be charged for allowance _____ (Note: The budget of this account will be reduced by the annual amount required to support the allowance and reassigned to a payroll account where the allowance will be charged.)

Purpose of Allowance

Please √ one:

- Employee travels regularly and extensively on behalf of the College and needs to stay in touch with campus.
- Employee's duties regularly require that he/she be mobile on campus.
- Key employees who routinely must be on-call for emergency callbacks.
- It's important to the College that an employee have regular access to broadband internet services from home.

Monthly Service Allowance Level Being Authorized

Please √ one:

- \$ 20. Basic broadband service. (CS5)
- \$ 40. Standard service allowance – example: standard cell phone or broadband service. (CS1)
- \$ 60. Sufficient allowance for a cell phone requiring more significant monthly minutes. (CS2)
- \$ 80. An allowance sufficient for basic cell phone and monthly DSL or cable modem service. (CS3)
- \$110. Highest authorized monthly allowance – sufficient for smartphone; i.e., BlackBerry or similar multi-functional device. (CS4)

Biannual Equipment Service Allowance Levels

Please √ one:

- \$100. Cell phones. (CE1)
- \$200. Cell phones. (CE4)
- \$300. Smartphones or Multi-function phone/data devices (CE2)
 - http://www.denison.edu/offices/computing/support/howdoi/hardware/choose_a_smartphone.html
- \$400. Smartphones or Multi-function phone/data devices (CE3)
- \$500. I Pad (*teaching faculty only*) (CE5)

By signing this Authorization Form, I acknowledge having read, understand, and accept the terms of the Denison Cash Allowance Policy. If the allowance is provided in support of cell phone services, I agree to provide my mobile number to the University for inclusion in Denison's directory information. Further, I understand that the allowance received, whether for monthly service usage or biennial equipment purchase, is subject to personal income taxes and withholding requirements. It will be reflected on my IRS Form W-2.

Employee Signature Date

APPROVED BY: _____
Supervisor/Manager's Signature Date

*Divisional Head's Signature Date

***Please send the completed form to the Controller, who will forward it on to the Human Resources Office for processing.** (This form supersedes any and all previous versions.)

CONTROLLER'S OFFICE

Signature

Date

Yes No

One-time Annualized
Payment?

FOR PAYROLL OFFICE USE ONLY

SVC: CS1 CS2 CS3 CS4 CS5

EQP: CE1 CE2 CE3 CE4 CE5