



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
 Wireless Communication Plan Allowance and/or
 Equipment Reimbursement Request Form

Instructions for Wireless Communication Plan Allowance and/or Equipment Reimbursement Request Form.

1. Form to be used to request reimbursement for wireless communication plan and equipment allowance.
2. Preparation of the form:
 - a. Complete name of employee to receive allowance
 - b. Complete Oracle ID number for employee receiving allowance
 - c. Complete job title of employee receiving allowance
 - d. Complete employee's Department Name
 - e. Assign an Oracle Project number, which will be used to pay for communication plan and equipment.
 - f. Indicate month when allowance plan is to be started.
 - g. Select most appropriate allowance plan (Plan A, B or C)
 - h. Select box If Initial Equipment/Activation Fee reimbursement is necessary, indicate amount (s).
 - i. Select box for subsequent equipment/activation fee reimbursement.
 - j. Select box that best describes employee eligibility requirements.
 - k. Obtain all approvals indicated on the request form.
 - l. Submit form to Human Resources before the 10th of the month in which the allowance is to be effective.

WIRELESS COMMUNICATION ALLOWANCE RATES FOR FY16

	Plan A	Plan B	Plan C
Monthly Wireless Communication Allowance	\$35	\$60	\$85

	Cellular Telephone	Telephone / PDA Combo
Equipment/Activation Fee Reimbursement (Actual cost not to exceed)	\$75	\$200



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Wireless Communication Plan Allowance and/or
Equipment Reimbursement Request Form

Employee Name: Employee Oracle ID Number:

Job Title: Oracle Project #:

Department Name: Allowance Start Date (month):

This request is for (check all that apply):

Monthly Plan Allowance: Plan A \$35.00 Plan B \$60.00 Plan C \$85.00 Other (attach justification)

Initial Equipment/Activation Fee Reimbursement: (Equipment/Activation Fee Reimbursement (Actual cost not to exceed) Cellular Telephone \$75.00 / Telephone / PDA Combo \$200.00)

Subsequent Equipment/Activation Fee Reimbursement only: Date of last reimbursement: Amount(s) not to exceed current market located in the tables on the title page. Actual receipt must be attached.

The above employee meets the following documented official state business needs for a wireless communication device.

(select all that apply):

- Director level position or above Member of key personnel needed in event of emergency or other critical contact
Frequently engages in work-related travel Frequently out of office on UTRGV business
Other:

Salary Supplement

All allowances are considered salary supplements and will be reported as taxable compensation. Allowances do not qualify as compensation for TRS or ORP. Allowances will be funded from Operating funds.

Acknowledgement

By signing this request, the employee acknowledges that he/she has access to the Wireless Communication Device Policy, he/she understands the allowance is being provided because of an official state business need, and he/she agrees to provide his/her department head with the wireless telephone number and to be accessible through this communication devices. He/she further acknowledges that allowances are contingent upon a continued business need as defined in the Wireless Communication Device Policy.

If at any point during this contract there is no longer a business need for the allowance, it is the responsibility of the department head to notify Human Resources by submitting a Termination of Wireless Communication Devices Allowance Form.

Printed name of Employee Signature of Employee Date

Printed name of Department Head Signature of Department Head Date

Printed name of Project Manager (if different than Dept Head) Signature of Project Manager Date

Printed name of Dean/Director Signature of Dean/Director Date

Printed name of Contract office Approval (if applicable) Grants and Contract office Approval (if applicable) Date

Printed name of Division VP or President Approval Division Vice President or President Approval Date

Forward form to the Human Resources. Form must be received by the 10th of the month in which the allowance is to be effective.

For Human Resources Use Only:

Approved: Date: Entered: Date: Initials: Entered: