

New Allowance **Add Additional Allowance** **First Month Allowance to be Paid**
 Change Combo Code **Change Allowance Amount**

Stop Allowance(s) **Cell Phone** **Cell Data** **Laundry**

Last Month Allowance to be Paid

Employee Name **GEMS ID** **Job Record**

Job Title **Telephone** **Email**

Department Name **Department Number**

Department Contact **Email**

Cell Phone Allowance Amount \$45.00 Maximum Combo Code

Cell Data Allowance Amount \$40.00 Maximum Combo Code

Laundry Allowance Amount \$36.00 Maximum Combo Code

Please provide a justification for the need for the above indicated allowances

Employee Certification and Signature

I certify that the communication device(s) will be used in the performance of my job duties and that no other cell/data/air card allowance is not being received from any other USF department or direct support organization. I will promptly report any changes in the level of usage or inactivation of the device(s) to my supervisor. I further certify that I have read and will comply with the USF Cell Phone/Data Procedures.

Employee Signature Date

Dean/Director Certification and Signature

I certify that the job duties of the employee require the use of cell/data/air card service(s) and the requested allowance is appropriate for the level of usage. I further certify that I have read and will comply with the USF Cell Phone/Data Procedures.

Dean/Director Signature Date

Dean/Director Printed Name