

<input type="checkbox"/> New Allowance	<input type="checkbox"/> Add Additional Allowance	First Month Allowance to be Paid <input type="text"/>
<input type="checkbox"/> Change Combo Code	<input type="checkbox"/> Change Allowance Amount	

<input type="checkbox"/> Stop Allowance(s)	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Cell Data	<input type="checkbox"/> Laundry
Last Month Allowance to be Paid <input type="text"/>			

Employee Name	<input type="text"/>	GEMS ID	<input type="text"/>	Job Record	<input type="text"/>
Job Title	<input type="text"/>	Telephone	<input type="text"/>	Email	<input type="text"/>

Department Name	<input type="text"/>	Department Number	<input type="text"/>
Department Contact	<input type="text"/>	Email	<input type="text"/>

<input type="checkbox"/> Cell Phone	Allowance Amount	<input type="text"/>	\$45.00 Maximum	Combo Code	<input type="text"/>
<input type="checkbox"/> Cell Data	Allowance Amount	<input type="text"/>	\$40.00 Maximum	Combo Code	<input type="text"/>
<input type="checkbox"/> Laundry	Allowance Amount	<input type="text"/>	\$36.00 Maximum	Combo Code	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>
--------------------	----------------------	------	----------------------

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	<input type="text"/>	Date	<input type="text"/>
-------------------------	----------------------	------	----------------------

Dean/Director Printed Name	<input type="text"/>
----------------------------	----------------------