UNIVERSITY of SOUTH FLORIDA

Cell Phone/Data/Laundry Allowance Request Form

Human Resources Payroll Services
Payroll Phone (813) 974-7955
Fax (813) 974-5084
Email UCO_Payroll_CERTS@usf.edu.

☐ **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 _____