



Cell Phone/Data Allowance Request Form
University Controller’s Office - 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

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

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