

EASTERN MICHIGAN UNIVERISTY WIRELESS ALLOWANCE FORM

Please print

Date _____

Name _____
(Last) (First) (Initial)

Job Title _____

Department _____

Effective Start Date _____

EID Number E _____

Cell Phone Number (with Area Code) _____

Campus Department Fund/Org To Be Charged _____

Campus Phone _____

ECLASS _____ Monthly Allowance \$ _____

_____ Discontinue Allowance Effective _____ (Date)

I authorize the Cell Phone allowance to be added to my pay check, I understand that it will continue unless I or the University discontinues this allowance, and I have read and agree to the Administrative Cell Phone Policy. I understand and have met one or more of the criteria listed below; *(please check all that apply)*

- ____ Is routinely called by the University for emergency purposes (more than 12xs per year) or
- ____ Works more than 50% "in the field" AND Does Not have a desk or office at EMU or
- ____ Works more than 50% "in the field" and performs extensive recruiting. *(must be included in employment contract)*

Staff Signature Date

Supervisor Signature Date

Vice President/Dean Signature Date

CFO or Designee Date

Human Resources Date