

TEXAS A&M UNIVERSITY-CORPUS CHRISTI
Communication Service Allowance Enrollment

PrintForm

Enrollment Change Cancellation

Name (Last , First, MI)

UIN

Department

Work Telephone

Unit #

E-Mail Address

Employee Responsibilities:

1. An employee receiving a Communication Allowance must provide to his/her Department the current phone number to the communication device within five working days of the activation of that number.
2. The employee is personally liable for contract stipulations including payment of all expenses incurred (including long distance, roaming fees, and taxes). In the event that an employee leaves the position that qualified for a Communication Allowance, he/she continues to be responsible for the contractual obligations of the communication service plan.
3. An employee receiving a Communication Allowance must notify his/her department head within five working days of the inactivation of communication service or in the event that the communication equipment is lost or stolen.
4. An employee receiving a Communication Allowance from Texas A&M University-Corpus Christi may not receive reimbursement from the University or another component of the Texas A&M System for use of communication equipment or services.
5. Completed forms must be received in Payroll no later than the 1st day of the month for payment to be processed for the current month. No arrearages or partial month will be paid.

*I have read the above employee responsibilities and understand that these allowances are considered taxable compensation subject to tax withholding and are **NOT** part of my base salary. This allowance will be paid on the first biweekly payroll of each month for services for the same month.*

Employee Signature

Date

Please select ONE of the following:

- Voice Only - \$30/mo. Voice/Data - \$60/mo. Voice/Data/Added Features - \$90/mo.

Required Payroll Funding Information

(To be completed by departmental payroll administrator)

PIN #	Account #	Support Account #	If account change - Effective Date	Accounting Analysis	Object Class	Pay Code
					1940	38

Department Head Signature

Date

Vice President Signature

Date

President or Designee Signature (Required for Exceptions)

Date

Texas A&M University-Corpus Christi Privacy Notice: State Law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.