



Cellular Device Allowance Request Form FY26

This form is used in accordance with [BPM Q-1-2 Cellular Device Policy](#), to document the eligibility requirements for a portion of the cost of an electronic resource and/or associated service fees associated with business use. This form and all information is required annually and must be submitted to:

Payroll Services, 340 Peterson Service Building, 0005 or email to CellularAllowanceRequest@uky.edu.

Qualifications for the Allowance include one of the following, indicate which apply:

- ☐ Employee whose duties and responsibilities require them to be readily accessible for frequent contact with the public or the University community and whose job limits his/her access to regular landline telephones would satisfy the required business communication need; or
- ☐ Employees whose duties require that they be immediately accessible outside of normal business hours; or
- ☐ The employee is responsible for critical infrastructure and must be accessible at all times; or
- ☐ The employee travels and needs to be accessible or have access to information technology systems while traveling; or
- ☐ Access via voice and/or access to information technology systems via a mobile communication device would, in the judgement of the supervisor, render the employee more productive and/or the service the employee provides more effective therefore; the cost of communication service is warranted.

SECTION I COMPLETED BY UNIT

Department number: _____ Department Name: _____ MO BW

HR Org Unit No: _____ Employee Name: _____

Employee ID: _____ Employee title: _____

[Employee Pernr](#)*: _____ Begin Date**: _____ End Date: 06/30/2026

Cost Center/Cost Object to be charged (no WBS elements allowed): _____

Type: ☐ Voice, Data, Text (\$31) ☐ Data plan for other devices (\$10)

Cellular number of device(s) (include area code): _____ (must be furnished in UK Alert)

* Instructions for finding pernr are available beginning page 2 of this link: http://www.uky.edu/Purchasing/docs/qrc_permer.pdf

**If left blank, the date received in the payroll office will be used as the begin date.

SECTION II COMPLETED BY EMPLOYEE

I, the employee, understand and agree to the following:

- I certify that I have read the [BPM Q-1-2 Cellular Device Policy](#) and I meet one of the qualifications below to receive a cellular allowance above;
- I agree to abide by the university guidelines for the appropriate use of information resources;
- I agree that I am the owner of this resource and am responsible to maintain the equipment and service fees, including repairs and replacement, and payment of invoices;
- I agree that I will inform the supervisor during this fiscal period if the device is no longer used for business purposes; and
- I agree that upon termination of employment with the university that I will delete all university data from this resource except when instructed to retain data for legal purposes.

Signature: _____ Date: _____

Name (print): _____ Title: _____

SECTION III APPROVAL ALL SOURCES OF FUNDS

Supervisor: I certify that this employee requires the use of this portable electronic resource to conduct her or his job-related responsibilities. I further verify that this allowance is intended to pay a portion of the approximate business use of the resource.

Signature: _____ Date: _____

Name (print): _____ Title: _____

Business Officer: I approve this allowance and the funding source listed in section I.

Signature: _____ Date: _____

Name (print): _____ Title: _____