



## Cellular Device Allowance Request Form FY27

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: 06/30/2027

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

Type:  Voice, Data, Text (\$35)  Data plan for other devices (\$12.50)

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\\_perner.pdf](http://www.uky.edu/Purchasing/docs/qrc_perner.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: \_\_\_\_\_