

# UW Mobile Service Allowance Agreement

**Employee Name:** \_\_\_\_\_

**Employee ID#:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Cell/Smart Phone Number (with area code):** \_\_\_\_\_

**Allowance Start Date:** \_\_\_\_\_

**Allowance End Date:** \_\_\_\_\_ (OPTIONAL)

**Budget to be charged:** \_\_\_\_\_

**Mobile Device Taxable Monthly Allowance:** \$ \_\_\_\_\_

**Business Justification for Allowance:**

In the course of carrying out the employee's job responsibilities, this employee is required to have a mobile device available for business use. Therefore, the employee is eligible for a mobile device service allowance. At least one of the following criteria is met (CHECK ONE OR BOTH):

\_\_\_1) The job function of the employee (during the employee's normal working hours) requires considerable time outside of the assigned office or work area, and it is important to the University that the employee is accessible during this time.

\_\_\_2) The job function of the employee requires them to be accessible outside of scheduled or normal working hours (while at home, out of town, etc.).

The employee is required to use the following for business purposes.

(CHECK ALL APPLICABLE):

\_\_\_ Phone

\_\_\_ Data

\_\_\_ Text

Annually, as the authorizer, you are responsible for determining whether the employee's mobile device allowance should be changed or discontinued. If the allowance amount is to be changed, a new *SEFS Mobile Service Allowance* agreement must be completed. If the employee transfers or is no longer eligible for a mobile device allowance the authorizer will notify the departmental Payroll Coordinator to end the distribution in Workday.

\_\_\_\_\_  
Supervisor (Authorizing) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SEFS Director Signature

\_\_\_\_\_  
Date

## UW Mobile Service Allowance Agreement

*I have read this Agreement and I understand that my mobile service allowance is taxable income or a taxable benefit, is not part of my base salary, and that any service contract purchased is my personal responsibility. As such, any escalatory cost increases and/or costs associated with my initiation of a plan change or termination prior to the end of my service contract are solely my responsibility. In addition, any maintenance and/or repair costs are my responsibility. I understand that I am required to provide my mobile device number to my supervisor/department chair. I also understand that the mobile device will be used at least in-part in the performance of my job responsibilities as defined by my supervisor/department chair and I am required to maintain active service for the life of the allowance. I understand that any business related call records on plans subsidized by UW may be subject to Freedom of Information Act (FOIA) and/or subpoena.*

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Employee Signature

Date

**Distribute agreement as follows:** Original to be kept on file in the employee's department; one copy to the employee; one copy to the SEFS HR Manager Wanjiku Gitahi ([wanjiku@uw.edu](mailto:wanjiku@uw.edu)), who will process the Workday entry.