

# UT System - Wireless Communication Device Allowance Request Form

Revised: 9.29.2011

New WDA Request     Change to existing WDA

Effective Date

Department

UTEID

Employee Name

Acct# to Charge

Job Title

To request an allowance in excess of the amounts stated in the WDA Policy, attach justification documenting the need for the increased amount.

Allowance     Monthly Allowance    \$

### Employee meets the following official state business need(s) for a wireless communication device (select all that apply):

- Engaged in work-related travel 50% time or more
- Director level position or above
- Field staff where job duties require them to be out of the office 50% time or more (i.e. oil/gas staff, OFPC construction staff)
- Key member for critical need situations requiring 24/7 contact (i.e. network administrators, police, facilities staff, etc.)

### Salary Supplement

All allowances are considered salary supplements and will be reported as taxable compensation. Allowances do not qualify as compensation for TRS or ORP.

### Acknowledgment

By signing this request, the employee acknowledges they have been provided access to the Wireless Communication Device Policy, they understand the allowance is being provided because of an official state business need, and they agree to provide their department head with pertinent contact information and be accessible through this communication equipment.

### Evaluation of Need

The employee further understands WDAs are evaluated annually and they will be requested to provide the most recent three months detailed billing statements for review. Allowances are contingent upon a continued business need as defined in the Wireless Communication Device Policy.

### Responsibility to Notify

If, at any point during this contract, there is no longer a business need for an allowance, it is the responsibility of the department head to notify the Office of the Controller (512.499.4527). There is no need to notify in the instance where an employee terminates employment as their WDA will automatically be revoked.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executive Vice Chancellor/Vice Chancellor

\_\_\_\_\_  
Date

**For Controller Office Use - this form is located on-line at [www.utsystem.edu/cont/resources](http://www.utsystem.edu/cont/resources)**

Controller Approval:

Date:

Initials:

Date: