



Monthly Communication Plan Allowance Enrollment

NEW
 CHANGE
 CANCEL

Name (Last, First, MI)	Universal Identification Number (UIN)
ADLOC / Department	Work Telephone
Work Address (Including Mail Stop)	E-MAIL Address

Monthly Communication Plan Allowance Options:

Please Select 1 or both options:

Cellular Telephone Service **and/or**
 Wireless E-Mail Services

Monthly Communication Plan Dollar Amounts: (Not to exceed actual cost of the plan.)

Communication service allowances may include nationwide coverage, caller id, call waiting, voice mail, and/or email. Please select the dollar amount:

\$50 \$100
 \$75 \$125
 Other dollar amount not listed above \$ _____

I have read "SAGO Rule 25.99.99.S3: Communication Allowance Program" and "Texas A&M AgriLife Communication Allowance Procedure." I understand the associated Employee Responsibilities as defined in those documents. I certify that any changes which cause me to receive more than the actual cost of the monthly communication service allowance will be refunded to the appropriate department account. Additionally, I understand that these allowances are considered taxable compensation subject to required tax withholdings and are NOT part of my base salary.

I do not have a Texas A&M AgriLife issued cell phone at this time.
 I do have a Texas A&M AgriLife issued cell phone and have submitted a disconnect notice to Telecommunications to have it cancelled. The phone number is _____.

_____ Date
 _____ Date
 Employee Signature
 Department Head Signature (required)

Required Payroll Funding Information (to be completed by departmental payroll administrator)

PIN #	Part #	Account #	Support Account No.	Acct. Analysis	Object Class	Pay Code
					1940	38

_____ Date
 _____ Date
 Contracts and Grants
 Administrative Approval
(required if using grant funds)
 (required)

Send completed form to: AgriLife HR / Payroll Office, MS 2147, College Station, TX 77843-2147