

### EMPLOYEE INFORMATION

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_ Access ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Unit/Department: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

### BUSINESS JUSTIFICATION

Outline and describe job responsibilities which warrant payment of a wireless device allowance:

### MONTHLY ALLOWANCE TIERS Wireless device allowances are paid through the payroll process and are considered taxable income.

- |  |         |   |
|--|---------|---|
| <input type="radio"/> <b>Tier 1</b> - Employees who are required to be accessible by cell phone, smartphone, text messaging or other forms of basic electronic messaging -----   | \$35.00 | Employees are limited to one tier selection. There may be instances, in rare circumstances, when a tier also requires CFO approval. |
| <input type="radio"/> <b>Tier 2</b> - Employees who are required to be accessible by cell phone, smartphone, text messaging, other forms of electronic messaging, including e-mail - <b>and</b> must have the advanced features necessary to interact with other systems, download and edit large documents, and perform other bandwidth intensive functions over wireless broadband networks----- | \$65.00 |   |

### SIGNATURES, REVIEW AND APPROVALS

Undersigned employee has read, understands and accepts the provisions of the university's wireless device policy (APPM Section 1.3.1.4.)

\_\_\_\_\_  
Employee Date Business Manager - Review Date

\_\_\_\_\_  
President, VP or Dean - Approval Date Chief Financial Officer \*(when required) Date

Submit completed form to the Payroll Office 3800 AAB, fax 577-9077 or by email (payroll@wayne.edu) See **Form** instructions.

**CONTROLLER'S OFFICE USE ONLY**

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**The instructions for form WCD-2008-1 can be accessed at:**

[http://fisops.wayne.edu/documents/wcd\\_fins\\_1.pdf](http://fisops.wayne.edu/documents/wcd_fins_1.pdf)