

## **System Administrative and General Offices Communication Allowance Program Procedures**

1. Department head determines which positions require the use of personal communications devices (based on previous and projected uses related to the employee's job duties and responsibilities) and therefore qualify for the Communication Allowance Program. All costs of the program will be funded with current operating funds of the appropriate department.
2. Department head prepares and approves the Communication Equipment Allowance authorization form with distribution as follows:
  - Copy: to System Human Resources for employee's personnel file
  - Copy: to employee
  - Copy: to departmental files
  - Original: to be attached to the reimbursement request (see # 6 below) to reimburse the employee for any equipment purchased after acceptance into the program.
3. Department head prepares and approves the Monthly Communication Plan Allowance Enrollment form, determining the appropriate allowance level for the employee (based on previous and/or projected uses related to the employee's job duties and responsibilities). The original form should be submitted to the System Office of Budgets and Accounting for entry into the payroll system. Three copies should be made, for departmental records, employee and HR. The monthly allowance will be included in the employee's taxable income.
4. Employee purchases the appropriate equipment and enters into a personal monthly communication service agreement. All costs in excess of the approved salary supplement will be paid by the employee. (The employee is personally responsible for complying with all contractual requirements with a communication service provider. In the event that an employee leaves the position qualifying for a Communication Allowance, he/she continues to be personally responsible for the contractual obligations of the communication service plan.)
5. Within five working days of activation, the employee must provide the department with the phone and/or PDA number of the communication device.
6. Department head prepares and approves the Communication Equipment Allowance Form, determining the appropriate allowance based upon the type of equipment purchased. The original form should be submitted to the System Office of Budgets and Accounting for entry into the payroll system. One copy should be retained for departmental files and one copy should be provided to the employee. The expense should be coded to object code 1940-Supplemental Compensation. The reimbursement is taxable income to the employee.
7. Employee must notify department within five working days of inactivation of communication services or loss or theft of communication equipment.
8. During each budget planning cycle, the department head will evaluate the Communication Allowance monthly salary supplements and make necessary adjustments to Plan Access Limits. (Although Monthly Communication Allowance salary supplements may be established at any time during the fiscal year, Plan Access Limits may only be modified during the budget cycle.)

**System Administrative and General Offices  
FY 2008 Communication Equipment Allowance Form**

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Universal Identification Number (UIN)

\_\_\_\_\_  
Department

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

\_\_\_\_\_  
Work Address (Including Mail Stop)

\_\_\_\_\_  
E-MAIL Address

The following are the approved Communication Equipment Allowances as noted in System Administrative and General Offices Rule 25.99.99.S3: Communication Allowance Program.

**Communication Equipment Allowance Options:**

*(Initials of Department Head required next to equipment authorized for business use by employee)*

\_\_\_\_\_ **\$80** - Cellular telephone: Instrument, battery and activation fee allowance.

\_\_\_\_\_ **\$300** – Personal Digital Assistant (PDA): Instrument and activation allowance.

\_\_\_\_\_ **\$450** – Telephone/PDA Combination: Instrument, battery and activation fee allowance.

I have read SAGO Rule 25.99.99.S3: Communication Allowance Program, and understand the associated Employee Responsibilities. I understand that this allowance is considered taxable compensation subject to required tax withholdings and is **NOT** part of my base salary. I also understand that any equipment purchased or contract provisions of any communication service plan entered into under this program are my personal responsibility.

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

\_\_\_\_\_  
Date

**APPROVED:**

\_\_\_\_\_  
Department Head Signature- (required)

\_\_\_\_\_  
Date

System Administrative and General Offices:

Privacy Notice: State Law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

**System Administrative and General Offices  
FY 2009 Communication Equipment Allowance Form**

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Universal Identification Number (UIN)

\_\_\_\_\_  
Department

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

\_\_\_\_\_  
Work Address (Including Mail Stop)

\_\_\_\_\_  
E-MAIL Address

The following are the approved Communication Equipment Allowances as noted in System Administrative and General Offices Rule 25.99.99.S3: Communication Allowance Program.

**Communication Equipment Allowance Options:**

*(Initials of Department Head required next to equipment authorized for business use by employee)*

\_\_\_\_\_ **\$80** - Cellular telephone: Instrument, battery and activation fee allowance.

\_\_\_\_\_ **\$300** – Personal Digital Assistant (PDA): Instrument and activation allowance.

\_\_\_\_\_ **\$450** – Telephone/PDA Combination: Instrument, battery and activation fee allowance.

I have read SAGO Rule 25.99.99.S3: Communication Allowance Program, and understand the associated Employee Responsibilities. I understand that this allowance is considered taxable compensation subject to required tax withholdings and is **NOT** part of my base salary. I also understand that any equipment purchased or contract provisions of any communication service plan entered into under this program are my personal responsibility.

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

\_\_\_\_\_  
Date

**APPROVED:**

\_\_\_\_\_  
Department Head Signature- (required)

\_\_\_\_\_  
Date

System Administrative and General Offices:

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**System Administrative and General Offices  
FY 2009 Monthly Communication Plan Allowance Enrollment**

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

**Monthly Communication Plan Allowance Options** *(Department Head Initials required next to option selected):*

*Wireless E-mail Services Only*

\_\_\_\_\_ **\$75** - Monthly wireless e-mail communication service allowance.

*Telephone/PDA Services Only*

\_\_\_\_\_ **\$60** - Monthly communication service allowance based on Plan Access Limit of approximately 450 anytime minutes, nationwide coverage, caller id, call waiting, and voice mail.

\_\_\_\_\_ **\$90** - Monthly communication service allowance based on Plan Access Limit of approximately 900 anytime minutes, nationwide coverage, caller id, call waiting, and voice mail.

\_\_\_\_\_ **\$120** - Monthly communication service allowance based on Plan Access Limit of approximately 1,350 anytime minutes, nationwide coverage, caller id, call waiting, and voice mail.

\_\_\_\_\_ **\$150** - Monthly communication service allowance based on Plan Access Limit of approximately 2,000 anytime minutes, nationwide coverage, caller id, call waiting, and voice mail.

*Telephone/PDA Services with Wireless E-Mail Services*

\_\_\_\_\_ **\$135** - Monthly communication service allowance based on Plan Access Limit of approximately 450 anytime minutes, nationwide coverage, caller id, call waiting, wireless e-mail and voice mail.

\_\_\_\_\_ **\$165** - Monthly communication service allowance based on Plan Access Limit of approximately 900 anytime minutes, nationwide coverage, caller id, call waiting, wireless e-mail and voice mail.

\_\_\_\_\_ **\$195** - Monthly communication service allowance based on Plan Access Limit of approximately 1,350 anytime minutes, nationwide coverage, caller id, call waiting, wireless e-mail and voice mail.

\_\_\_\_\_ **\$225** - Monthly communication service allowance based on Plan Access Limit of approximately 2,000 anytime minutes, nationwide coverage, caller id, call waiting, wireless e-mail and voice mail.

I have read SAGO Rule 25.99.99.S3: Communication Allowance Program, and understand the associated Employee Responsibilities. In addition, I understand that these allowances are considered taxable compensation subject to required tax withholdings and are **NOT** part of my base salary.

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

\_\_\_\_\_  
Date

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

PIN #	Part # (01)	Account #	Support Account No.	Acctg Analysis	Object Class	Pay Code
						38

\_\_\_\_\_  
Department Head Signature (required)

\_\_\_\_\_  
Date

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