|  | **Wireless Communication Device Allowance – Department Head Worksheet and Employee Agreement** |
| --- | --- |

Instructions for Departmental Contacts:

1. Complete this form and provide a copy to the employee; maintain a copy in the department files.
2. Email signed form to [hrdocs@vcu.edu](mailto:hrdocs@vcu.edu) for new personal accounts for payroll processing.
3. Allowances will NOT be processed retroactively.

| **Section 1: Employee Information** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Employee Name (printed): | |  | | |
| Employee V#: | |  | Employee Email: |  |
| Department Name: | |  | Mobile Number: |  |
| Check here: | ☐ New personal account | | | | | |

| Section 2: Device Allowance Request (check one) - See plan details on page 3 |
| --- |

| Monthly allowance  before taxes: | No Data Plan: | | | | ☐ | | $20 ($10/pay period - low-moderate) | ☐ | $50 ($25/pay period - heavy) | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Data Plan: | ☐ | $40 ($20/pay period - basic) | | ☐ | | $60 ($30/pay period - low-moderate) | ☐ | $90 ($45/pay period - heavy) | |
| Special Use Plan: | ☐ | $ | | | ($     /pay period) | | | | |
| One-time amount: | $ | | Attach copy of receipt; VCU Payroll Services will not process until receipt is received. | | | | | | | | |
| ORG from which the one-time amount will be charged: | | | |  | | | | | |

|  | **Section 3: Justification (check one or more)** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | | ☐ Essential personnel responding to emergencies | |  | ☐ Must be in contact with workplace as needed/required |
|  | | ☐ Required to be on-call | |  | ☐ Job function requires home or off-campus access to the Internet or university data services |
|  | | ☐ Other (please provide justification): |  | | |

|  | **Section 4: Allowance Discontinuation – Use when employee no longer qualifies for an allowance** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Allowance End Date: |  |  |  |

| **Section 5: Certifications** | | | | | |
| --- | --- | --- | --- | --- | --- |
| I certify that the requested compensation is the most cost effective choice for this employee to cover work-related expenditures for voice and/or data services.  Note - if at any point during the employment period there is no longer a business need for an allowance, it is the responsibility of the dean/department head to enter an Allowance End Date (see Section 4 above), sign and resubmit this form to VCU Payroll Services. | | | | | |
|  |  |  |  | |  | |
|  | Dean, AVP or Director Signature |  | Date |  | |
|  |  |  |  | |  | |
|  | Vice President Signature |  | Date |  | |
|  | Human Resources Professional |  | Date |  | |
| I certify that I have read VCU’s Wireless Communication Device Allowance Policy and will use the funds requested toward the business use designated above, and promptly report any changes in the level of those business expenses to my supervisor. I agree to secure voice and/or data services through the service provider of my choice and will in no way obligate Virginia Commonwealth University for such service. I understand that the allowance will be taxable income to be reported on my W-2, and Virginia Commonwealth University is not responsible for the tax consequences of the allowance. | | | | | |
|  |  |  |  | |  | |
|  | Employee Signature |  | Date |  | |

**Wireless Device Allowance Plans**

|  |  | **Voice/Text** | | |
| --- | --- | --- | --- | --- |
|  |  | None/Baseline | Low-Moderate | Heavy |
| **Data** | None | $0 | $20/mo. | $50/mo. |
| Yes | $40/mo. | $60/mo. | $90/mo. |

**Voice:**

Low-Moderate: One or two calls or texts per day

Heavy: 45 minutes or more per day

**Data:**

Baseline: Email access

Low-Moderate: Email access and occasional web browsing

Heavy: Email access and routine web browsing

**Special Use:**

A specific amount established by the employee’s supervisor based on special needs such as frequent international travel or international calls. The allowance should not exceed 75% of monthly charge on personal account.

**One-time amount:**

A one-time payment to cover the cost of purchasing a device. This amount should not exceed $150.

Processing Information:

**HR:**

Date:

Initials:

**Payroll:**

Date: 

Initials: 

WDA one-time earn code

WMA monthly earn code