Cell Phone Allowance Instructions

To process an on-going cell phone allowance, complete applicable Personnel Action Form (PAF) as follows:

**Faculty**

**Section A: Employee**
Enter appropriate employee information including name, identification number.

**Section B: Assignment**
- Effective Date is the first day of the pay period when payment is to begin.
- End Date is the last day of the pay period in which payment is to be paid. Leave blank if payment will continue indefinitely.
- Enter appropriate assignment information including department name, department number, and timekeep location.
- Action/Reason: Data Change/Other
- Explanation/Comments: Cell Phone Allowance Code 394

**Section C: Job Information**
Enter job code and title under which cell phone allowance is to be charged.

**Section D: Compensation**
Enter semi-monthly amount of payment, number of payments, and total (example: $30 x 18 payments = $540).

**Section E: Signatures**
Obtain appropriate signatures.

*Attach copy of Personal Communication Device Agreement to PAF.*

**Civil Service & Administrative/Exempt**

**Section A: Employee**
Enter appropriate employee information including name, identification number, and position number.

**Section B: Assignment**
- Effective Date is the first day of the pay period when payment is to begin.
- Job End Date is the last day of the pay period in which payment is to be paid. Leave blank if payment will continue indefinitely.
- Enter appropriate assignment information including department name, department number, and timekeep location.
- Action/Reason: Data Change/Other
- Explanation:
  - Exempt: Cell Phone Allowance Code 394
  - Civil Service: Cell Phone Allowance Code 394, amount of payment, number of payments, and total (example: $60 per month x 12 payments = $720).

**Section C: Job Information**
Enter job code and title under which cell phone allowance is to be charged.

**Section D: Department Budget Table**
Enter funding information to which cell phone allowance is to be charged including department number and project ID. Include one funding source if applicable or, if employee receiving cell phone allowance has a position which is funded from split budgets, include appropriate split.

**Section E: Salary (Exempt)**
Enter semi-monthly amount of payment, number of payments, and total (example: $30 x 24 payments = $720).

**Section G: Signatures**
Obtain appropriate signatures.

*Attach copy of Personal Communication Device Agreement to PAF.*

If you have any questions, contact Benefits at 963-1202