



**Texas A&M University-Texarkana
FY 2020 Monthly Communication Plan Allowance
Enrollment**

Name (Last, First, MI)

Universal Identification Number (UIN)

Department

Work Telephone

Work Address

E-MAIL Address

Source Account #

PIN

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

___ **\$30** – Voice Only

___ **\$60** – Voice/Data

___ **\$90** – Voice/Data/Added Features

___ **\$_____** - Other Approved Plan

I have read TAMUS Regulation 25.99.09, Communication Allowances, 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

Department Head Signature (required)

Date

Appropriate Vice President ___ Approve ___ Disapprove (required)

Date

Chief Financial Officer (for Internet Service request only)

Date

President Signature (required)

Date

Texas A&M University-Texarkana 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.

**Please print and route this document for approval. Once all required signatures have been received,
please send to HR or Payroll**



Texas A&M University-Texarkana
FY 2020 Communication Equipment Allowance Form

Name (Last, First, MI)

Universal Identification Number (UIN)

Department

Work Telephone

Work Address

E-MAIL Address

Source Account #

PIN

The following are the approved Communication Equipment Allowances as noted in TAMUS Regulation 25.99.09: Communication Allowances.

Communication Device Allowance:

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

\$100 - Equipment/Every 2 years

I have read TAMUS Regulation 25.99.09: Communication Allowances, 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

Department Head Signature (required)

Date

Appropriate Vice President ___ Approve ___ Disapprove (required)

Date

President Signature (required)

Date

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