

Annual Mobile Communications Agreement NO For University-owned or Employee-owned Devices and Service Plans with a Taxable Benefit

Department:		
Department Head: _		
Employee:		
For Dates: From:	To	

Instructions

- Annually, the department head completes this form (items 1 3 below) for each employee who
 has been approved for a mobile communications device, service plan and/or tablet device and
 associated taxable benefit.
- The employee reviews the agreement and discusses it as needed with the department head, signs it, and returns it to the department head.
- The department head signs the agreement, forwards a copy to the employee, and retains the original for eight years for audit purposes.
- 1. Need for Mobile Communications Device, Service Plan, and/or Tablet Device Since the definition of Substantial Business Reason is not met, what circumstances require mobile access to telephone service, email, text messaging, data access/downloads, Internet access, and/ or group scheduling/calendars where such University business cannot be conducted by the use of a University provided computer, land-line phone, pager, or other communication device?

a. Check the applicable device and provide the requested information:

I	University-owned Device.	
,	Value of the University-owned Device	\$
I	Employee-owned Device	
	e Allowance for Service Plan employee allowance for a service plan is based ment.	<pre>\$ on anticipated need and use as outlined</pre>
(if the emplo The one-time	ble Allowance for Device Purchase byee is to purchase a device during this year e employee allowance for a device is based on a ned in this agreement.	



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Employee Certification

I certify that the description of my mobile communications and tablet device (if applicable) need is accurate. Because the Substantial Business Reason criteria are not met, the value of the Universityowned device or the allowance is a taxable benefit and must be recorded as taxable compensation on my W-2 form. For employee-owned mobile communication devices and/or tablet devices, I am responsible for the purchase of a device and payment for a service plan to which the University will contribute the taxable amount(s) outlined in this Agreement. I have read and agree to the Employee Responsibilities as stated in the Mobile Communications Policy document.

Employee Signature: Date:

Departmental Approval

I approve the taxable allowance(s) for the mobile communications device and service plan for the employee as outlined in this Agreement.

Department Head Signature: _____ Date: _____