

IOWA STATE UNIVERSITY

Communication Technology Allowance Request Form

This form is used to document employee eligibility and approval to receive a Communication Technology Allowance (CTA). CTAs must be renewed and approved, at least annually, by the employing department. CTAs are paid through Payroll. Work with your HR_Delivery@iastate.edu specialist to process this allowance.

Allowances may not go back more than 90 days from the date this form is finalized. Employees must meet at least one of the eligibility criteria outlined in the instructions and must have a classification of faculty, P&S or exempt merit.

Name _____

First

Last

Employee UID# _____

Employee Cellular Phone # _____

Start Date for CTA _____

End Date for CTA (not to exceed one year from start date): _____

MM/DD/YYYY

MM/DD/YYYY

Type of CTA Service	Monthly Amount Requested	Account to Fund CTA
Cellular device voice/text messaging services - Up to \$50/month	\$ _____	
Cellular device ISP data service associated with devices such as smart phones and PDAs and cellular wireless modem service associated with devices such as laptop computers, tablets, and other similar mobile computing devices - Up to \$45/month per device with a maximum of \$115 for this category.	\$ _____	
Total Monthly CTA Amount Requested	\$ _____	

<p>For each type of CTA service requested, indicate the specific job responsibilities that meet eligibility criteria.</p>	
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Certifications

I certify I meet University eligibility criteria and understand that if any of my statements regarding this form/CTA are found to be false or misleading, I may be subject to discipline, up to and including termination. Should prepaid allowances result in overpayment to me, I also agree to allow the university to collect any amounts owed by me, even if I am no longer employed by the university.

Employee Signature

Date

I certify I have reviewed this CTA request and find the allowance requested to be reasonable and appropriate and verified the employee meets the University's eligibility criteria.

Supervisor Signature

Date

I certify I have reviewed and approve this CTA request.

Departmental/Unit Chair Signature

Date