

# 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 Financial Compliance. CTAs are paid through Payroll not through the Employee Reimbursement Portal. Work with your [HR\\_Delivery@iastate.edu](mailto: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 (unless approved by Financial Compliance for more than 90 days). 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. Please provide three months of statements, bills, or invoices showing the total cost, along with a percentage estimate of how much of the total bill is used for ISU business***

Name

First

Last

Employee UID#

Employee Cellular Phone #

Start Date for CTA

End/Review 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	\$	
Other Communication & Technology Allowances exceptions approved by Compliance		
Total Monthly CTA Amount Requested	\$	
For each type of CTA service requested, indicate the specific job responsibilities that meet eligibility criteria.		

Compliance Determination: Reasonable ☐ Allowable ☐

Documentation received and approved by Financial Compliance. ☐

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.*

I certify that I have reviewed this CTA request and find the allowance requested to be reasonable and appropriate.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

I certify I have reviewed and approve this CTA request.

Department Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_

Compliance Approval \_\_\_\_\_ Date \_\_\_\_\_