

Indiana University – Purdue University Fort Wayne

Request for Technology Allowance

Use this form to provide information that would document the eligibility requirements for receiving a technology allowance for the business use of a personally-owned mobile data plan. This authorization must be reviewed and authorized by a business office fiscal approver, and the allowance must be renewed and approved annually.

Employee Name	Department	Cost Center – Order – Fund
Circle One:		
Biweekly Employee: \$23.08 per pay period	Academic Year Employee: \$60.00 per pay period, August through May	Fiscal Year Employee: \$50.00 per pay period

GUIDELINES: The department must determine that the individual has a business need for the technology, and that the department has the funds available to cover the allowance.

University employees are eligible to receive a nontaxable technology allowance if they meet the following criteria:

- The employee’s job requires him or her to be readily accessible for frequent contact or critical contact with the public or with University faculty, staff, or students; **and**
- The requirement for accessibility extends to time away from campus; **and**
- A strong business case can be made that supports the university incurring the cost of the service.

Describe how having a cellular device benefits the university and how the job requires ready access for frequent contact with either the public or with university faculty, staff or students:

I certify that I meet all the criteria for receiving a technology allowance. I have read [Electronic Device and Services Policy VII.A.3](#) and understand my responsibilities. As the employee, I understand these allowances are NOT part of my base salary.

_____	_____
Employee	Date
APPROVED:	
_____	_____
Department Head	Date
_____	_____
Business Office Fiscal Approver	Date

For HR-OIE use:

Personnel Number _____

Start Date _____

Approved _____ *Date* _____