

**The University of North Carolina at Greensboro**  
**Employee Mobile Communications Device (MCD) Allowance Earnings, Code 981**  
**AUTHORIZATION FORM**

This form must be filled out completely by the department when hiring, making a change (i.e. pay increase), or termination of an employee participating in this plan, or when you begin, change, or end the specific amount of this plan. The completed form must be remitted to the appropriate Human Resource office so that it will be received prior to the cutoff for the specific pay period as identified at [http://banner.uncg.edu/hr/Dates\\_Deadlines/Personnel\\_Action\\_Deadlines/](http://banner.uncg.edu/hr/Dates_Deadlines/Personnel_Action_Deadlines/). Due to the complexity of the system's handling of this transaction, allowance increases or termination refunds are not permissible.

**Banner ID #:** \_\_\_\_\_ **Employee Name:** \_\_\_\_\_

**Primary Position #:** \_\_\_\_\_ **Suffix #:** \_\_\_\_\_ **NBAJOBS Eclass:** \_\_\_\_\_ **Home Department Org#:** \_\_\_\_\_

**Type of action** (check one)

Begin plan \_\_\_\_\_ Change plan \_\_\_\_\_ Terminate plan, but not employment \_\_\_\_\_

**\*Effective Begin/Change Pay Date of MCD Allowance Earnings (mm/dd/yyyy):** \_\_\_\_\_

**\*If termination of plan, Effective Last Pay Date of MCD Allowance Earnings mm/dd/yyyy):** \_\_\_\_\_

**\*NOTE:** *If the job assignment/MCD allowance plan is not for the entire month, the allowance will automatically be pro-rated.*

**Mobile Device Allowance:** Mobile Device number (with area code): \_\_\_\_\_

Account: \_\_\_\_\_

Service Start Date: \_\_\_\_\_ Service End Date: \_\_\_\_\_

**Mobile Device Allowance Amount, Earnings Code 981** (check one)

Low volume user (\$29)\_\_\_ Medium volume user (\$38)\_\_\_ High volume user (\$46)\_\_\_ Data user (\$46)\_\_\_

**Device Type** (check one, if Other please complete Other line)

Cellular Phone \_\_\_ PDA \_\_\_ Other \_\_\_: \_\_\_\_\_

**Justification:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employee Certification:**

I certify that the above allowance will be used toward expenses that I incur for Mobile Communication Voice and/or Data service usage for business purposes. I further certify that should business usage significantly decline I will notify my supervisor in writing as soon as practicable. I understand that this allowance will be additional gross pay that is taxable and tax will be withheld for Federal Tax, FICA Tax, and NC (state) Tax. I further understand that the state is not responsible for the interoperability of my equipment with state resources and I am personally responsible for all expenses that I incur or commit to with the Mobile Communication Voice and/or Data service provider. I recognize that my personal mobile communications device records could be subject to the North Carolina public records law.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Head (or designee) Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

***Forward completed form to appropriate HR office prior to monthly deadline***