

University Communications Authorization Form

Instructions: Please complete University Communications Authorization Form with employee and authorized department personnel's signatures. Please send completed form to Human Resources for processing. **If the employee changes positions, it is the responsibility of the employee's supervisor to notify HR. The communication allowance will then be discontinued and a new form will need to be sent to Human Resources.**

Effective Dates: From: _____ To: _____
If the employee is to receive a stipend for continued use, please leave the "To" field blank

Employee Name (Print): _____

Employee ID Number: _____

Employee E-mail: _____

Department: _____

Business Purpose:

Type of Request: (Check appropriate box)

- New request
- Change to existing request
- Terminate allowance

Check appropriate box below to specify which level the employee qualifies:

- Level 1:** Employee receives a monthly allowance of \$45/month
- Level 2:** Employee receives a monthly allowance of \$85/month

I have read & understand the University Communications Procedure. I certify the business purpose of this request is true.

Employee Signature

Date

I certify that it is appropriate for the above individual to receive a monthly communication allowance based on position and business need.

Printed Name

Date

Signature