

Western Carolina University
Application for Mobile Communication Device (MCD) Allowance

The purpose of this program is to give appropriate Western Carolina University employees, upon approval, a set allowance for the use of a personal MCD in the execution of duties associated with employment.

Request Type:

_____ New Begin Month/Year _____
_____ Terminate End Date _____
_____ Change

Employee Information:

Name _____ WCU ID# _____
Department/Division/School _____ Position# _____
Fund Number for Allowance _____ - 166410

Employee Personal MCD Information:

Cell Number _____
Service Carrier _____ (Verizon, AT&T, etc.)

Please <input checked="" type="checkbox"/> requested Allowance	Allowance Per Pay Period	Plan	Plan Description
	\$30.00	Low (Tier L)	This allowance is for the employee who has light usage of the MCD for <u>business purposes</u> and would normally use between 100-450 minutes per month. The estimated after tax allowance is \$24.00.
	\$40.00	Medium (Tier M)	This allowance is for the employee who has medium usage of the MCD for <u>business purposes</u> and would normally use between 451-900 minutes per month. The estimated after tax allowance is \$32.00.
	\$50.00	High (Tier H)	This allowance is for the employee who has high usage of the MCD for <u>business purposes</u> and would normally use above 900 minutes per month. The estimated after tax allowance is \$40.00.
	\$60.00	PDA with Data/Voice (Tier D)	An allowance for employees that are required to have a data option on their MCD for sending/receiving e-mail and connecting to business servers and network devices for monitoring and administration. The estimated after tax allowance is \$48.00.

Employee Certification and Signature:

By signing below, I certify that I have read, understand, and will comply with WCU's MCD allowance program policy. I will be compensated per pay period for use of my MCD for University business. I further understand that I am responsible for my monthly invoice and that Western Carolina University bears no financial responsibility for personal MCD charges beyond the payment of appropriate allowance.

Employee Signature (Required) _____
Date

Department Head Certification and Signature:

By signing below, I certify that the requested allowance is needed for this employee to cover University-related expenditures for the mobile communication device services described in the MCD Allowance Policy. I certify that the allowance is justified based on Western Carolina University MCD Allowance Policy standards/requirements.

Supervisor/Dept Head Signature (Required) _____ Accountable Officer _____
Date Date

Executive Council Member Signature (Required) _____
Date

*Note: Convenience and permanently assigned MCD must be requested via the appropriate cell phone application form and approved at the executive council level. **Please forward completed form to The Payroll Office in HFR 302.***