**Old Dominion University**

**Allowance for Usage of Personal Mobile Devices and Wireless Service for University Business**

**Supervisor Worksheet and Employee Agreement**

**Section 1: Employee Information**

Employee Name Employee ID #

Employee Email Contact Phone #

Department Name Department Budget Code

Supervisor Supervisor Phone #

 Supervisor Worksheet Submitted to the Payroll Office for processing Date

 Effective Payroll Date (note 10th or 25th of month) Date

**Section 2: Wireless Service Allowance Request (Choose Only One Option)**

 Option 1 - Voice and text $50.00 (semi-monthly amount of $25.00)

 Option 2 - Data (email and Internet) $40.00 (semi-monthly amount of $20.00)

 Option 3 – Voice, Text and Data $90.00 (semi-monthly amount of $45.00)

**Section 3: Justification**

 Safety Essential Personnel

 Required to be contacted by a mobile device Critical Decision Maker

 on a regular basis

 Required to be on-call Job Function requires home or off-campus access

 to the Internet or University data services.

 Other (provide justification):

**Section 4: Certifications:**

*I certify that the requested compensation is the most cost effective choice needed for this employee, to cover work-related expenditures for voice/text and/or data services.*

Supervisor Date

Budget Unit Director or Dean Date

Vice President Date

*I certify that I will use the funds requested toward the business use designated above and promptly report any changes in the need/availability of those business expenses to my Supervisor. I agree to secure and maintain voice/text and/or data services through the service provider of my choice and will in no way obligate Old Dominion University for such service. I understand that the allowance will be taxable income to be reported on my W-2 and Old Dominion University is not responsible for the tax consequences of the allowance for the business use of my personal mobile devices. I understand that any business-related usage data on plans being subsidized by the University may be subject to FOIA and/or subpoena, and I agree that my wireless number may be distributed for business use and is subject to all University polices related to data access, privacy, management and storage. Any violations of these policies may result in cancellation of the wireless service allowance, disciplinary action, or possible termination.*

Employee Signature Date

**Section 5: Termination of Allowance**

**Employee Information**

Employee Name Employee ID #

Employee Email Contact Phone #

Department Name Department Budget Code

Supervisor Supervisor Phone #

Date of Termination:

 Termination of Allowance Submitted to the Payroll Office for processing Date

**Certification:**

*I certify that the employee has resigned, was terminated, transferred or no longer qualifies for this allowance. The termination should go into effect on the date noted above.*

Supervisor Date

**Section 7: Changes to Allowance**

**Employee Information**

Employee Name Employee ID #

Employee Email Contact Phone #

Department Name Department Budget Code

Supervisor Supervisor Phone #

**Current Allowance Options**

 Option 1 - Voice and text $50.00 (semi-monthly amount of $25.00)

 Option 2 - Data (email and Internet) $40.00 (semi-monthly amount of $20.00)

 Option 3 – Voice, Text and Data $90.00 (semi-monthly amount of $45.00)

**Revised Allowance Options**

 Option 1 - Voice and text $50.00 (semi-monthly amount of $25.00)

 Option 2 - Data (email and Internet) $40.00 (semi-monthly amount of $20.00)

 Option 3 – Voice, Text and Data $90.00 (semi-monthly amount of $45.00)

Date of Change:

 Change of Allowance Submitted to the Payroll Office for processing Date

**Certifications:**

*I certify a change to the allowance to ensure the most cost effective choice needed for this employee to cover work-related expenditures for voice/text and/or data services.*

Supervisor Date