

Wireless Allowance Request Form

Date: _____ Fiscal Year: _____ Department: _____
Name: _____ GENESIS Cost Center: _____

Administrative & Professional Career Service
9 Month Faculty 12 Month Faculty

Effective Date: _____ (Allowance will end June 30th of the current fiscal year.)

Amount to be paid monthly: \$20 \$40 \$80

Monthly Additive: Total Allowance:

Comment: _____

Recommended by: _____ Date: _____
Budget Head

Approved by: _____ Date: _____
Vice President

Approved by: _____ Date: _____
President

Approved by: _____ Date: _____
Employee signature acknowledges receipt and understanding of the
Wireless Services Administrative Guideline.

Approved by: _____ Date: _____
Budget Approval (Business Office)

Approved by: _____ Date: _____
Human Resources Officer