

## SAMPLE MONTHLY CELL PHONE ALLOWANCE

<b>PERSONNEL ACTION REQUEST</b>				<b>Position #: 99999</b>			
<b>INDIVIDUAL INFORMATION</b>							
Name: Last: <b>Last</b>		First: <b>First</b>		MI: M	Employee ID: <b>7 digit #</b>		
<b>ACTION REQUESTED</b>							
New Hire <input type="checkbox"/>	Rehire <input type="checkbox"/>	Transfer <input type="checkbox"/>	Promotion <input type="checkbox"/>	Career Progression <input type="checkbox"/>	Pay Rate Change/Adj <input type="checkbox"/>	Layoff <input type="checkbox"/>	
Termination (indicate) <input type="checkbox"/>		Retirement <input type="checkbox"/>		Leave of Absence (indicate type)			
Explanation of Action and/or other changes: <b>Mobile phone allowance</b> (On the termination PAR please put a note here to term the allowance)							
3 <input type="checkbox"/> <b>NEW HIRE</b>		3 <input type="checkbox"/> <b>CHANGE FROM</b>		4 <input type="checkbox"/> <b>ON PAYROLL</b>		4 <input type="checkbox"/> <b>TERMINATION</b>	
3 <input type="checkbox"/> <b>CHANGE TO</b>		3 <input type="checkbox"/> <b>OFF PAYROLL</b>					
Position Title: <b>Mobile Phone Allowance</b>				Position Title:			
Position is Safety/Security Sensitive <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No – Policy 1.085				Position is Safety/Security Sensitive <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No – Policy 1.085			
Department: <b>Department Name</b>				Department:			
Beginning Date: <b>Begin date</b>		Ending Date: <b>Not longer than two years</b>		Beginning Date:		Ending Date:	
				Last Day Worked:		Last Day on Payroll:	
<b>EMPLOYEE TYPE:</b>		<b>EMPLOYEE STATUS</b>		<b>EMPLOYEE TYPE</b>		<b>EMPLOYEE STATUS</b>	
Regular <input type="checkbox"/>	Temporary <input type="checkbox"/>	Classified Staff <input type="checkbox"/>	Faculty <input type="checkbox"/>	Regular <input type="checkbox"/>	Temporary <input type="checkbox"/>	Classified Staff <input type="checkbox"/>	Faculty <input type="checkbox"/>
Full Time <input type="checkbox"/>		Academic Pro <input type="checkbox"/>	Service Pro <input type="checkbox"/>	Full Time <input type="checkbox"/>		Academic Pro <input type="checkbox"/>	Service Pro <input type="checkbox"/>
Part Time <input type="checkbox"/>	Hours/Wk	Admin/Faculty <input type="checkbox"/>	Admin <input type="checkbox"/>	Part Time <input type="checkbox"/>	Hours/Wk	Admin/Faculty <input type="checkbox"/>	Admin <input type="checkbox"/>
		Grad Assistant <input type="checkbox"/>	Student <input type="checkbox"/>			Grad Assistant <input type="checkbox"/>	Student <input type="checkbox"/>
Payment Rate:				Payment Rate:			
Biweekly Pay Rate \$				Biweekly Pay Rate \$			
Other Payment \$ (One Time Pay In Full: <input type="checkbox"/> ) or				Other Payment \$ (One Time Pay In Full: <input type="checkbox"/> ) or			
(Pay Between: specific dates to )				(Pay Between: specific dates to )			
Pay Rate \$ <b>15.00 per month</b>				Pay Rate \$			
Academic Year <input type="checkbox"/> Spring <input type="checkbox"/>				Academic Year <input type="checkbox"/> Spring <input type="checkbox"/>			
<b>Fiscal Year</b> <input checked="" type="checkbox"/> Fall <input type="checkbox"/>				Fiscal Year <input type="checkbox"/> Fall <input type="checkbox"/>			
Hourly Pay Rate \$		Comp Hours to be Paid		Hourly Pay Rate \$		Comp Hours to be Paid	
Comments:				Comments:			
Area/Orgn/Dist:				Area/Orgn/Dist:			
Area/Orgn/Dist:				Area/Orgn/Dist:			
FOR PAYROLL/HUMAN RESOURCES DEPARTMENT USE ONLY				FOR PAYROLL/HUMAN RESOURCES DEPARTMENT USE ONLY			
Annual Salary _____ # of Days Worked _____				Annual Salary _____ # of Days Worked _____			
<b>5 POSITION INFORMATION</b>							
<input type="checkbox"/> New Position, or <input type="checkbox"/> Replacement Position for:							
(Name of Previous Employee)							
<b>6 INITIATOR INFORMATION</b>							
Initiator	Contact if questions	E-mail:	include	Box #:	Phone:	a must	
Department/College:		Department Box #:		Department Phone#:			
<b>7 College AUTHORIZED SIGNATURES</b>							
Supervisor / SAP Director	<b>needed</b>	Box #	Date:				
Dean/Director	<b>needed</b>	Box #	Date:				
Provost/V.P	<b>needed</b>	Box #	Date:				
Human Resources	<b>NA</b>	Box #	Date:				
Budget	<b>NA</b>	Box #	Date:				
***DO NOT WRITE BELOW THIS LINE***							
<b>8 FOR HUMAN RESOURCES/PAYROLL DEPARTMENT ONLY</b>							
Vacancy #	Pay Grade:	Leave Payment Hours	Sick:	Vacation:			
<b>9 FOR BUDGET AND HR USE ONLY</b>							
Pos. No.				Pos. No.			
FTE				FTE			
\$				\$			
Dept No.				Dept No.			
Job Code				Job Code			

<sup>1</sup> Effective 2/1/06, candidates hired/transferred into positions identified as Safety/Security Sensitive are required to complete a fingerprint and background check if not previously completed. Refer to Policy 1.085 for information about the SSS Identification for positions. The **Original Final Form** will be kept on file in the Payroll Office. The **Original Final Form** will be the official University record of personnel action.