The University of North Carolina at Greensboro Employee Mobile Communications Device (MCD) Allowance Earnings, Code 982 AUTHORIZATION FORM

This form must be completed in entirety by the department to authorize an employee's participation with a request to begin, renew, change, or end the plan allowance. The completed form must be remitted to the appropriate Human Resources Office prior to the cutoff for the specific pay-period intended as identified at http://banner.uncg.edu/hr/Dates Deadlines/.

Banner ID #:	Employ	Employee Name:			
Primary Position #:	Suffix #:	NBAJOBS Eclass	s: Home Department (Org. #:	
Type of Action (Check One)					
☐ Begin Plan	☐ Renew Plan	☐ Change Plan	☐ Terminate Plan*, but not	employment	
MCD Allowance Coverage Period					
Effective Pay Begin Date	e (mm/dd/yyyy):	Effect	ive Pay Term Date (mm/dd/yyyy):		
*If Termination of Plan , State Last Pay Date for MCD Allowance Earnings (mm/dd/yyyy):					
*Note: If the job assignment is not for the entire month, the MCD Allowance Plan will automatically be pro-rated.					
Employee Cellular Account Information					
Mobile Device Telephone	Number (w/Area Code):				
Cellular Phone Account Number w/Service Carrier:					
Cellular Phone Contract Service Start Date:		Cellular P	hone Contract Service End Date:		
MCD Allowance Earnings, Code 982 Mobile Device Allowance Type (Check One)					
☐ Voice (Only (\$20 per month)		☐ Voice and Data (\$40 per month)		
Justification:					
Employee Certification: I certify that the above allowance will be used toward expenses that I incur for Mobile Communication Voice and/or Data service usage for business purposes. I further certify that should business usage significantly decline I will notify my supervisor in writing as soon as practicable. I understand that this allowance qualifies as a non-taxable working condition fringe. I further understand that the state is not responsible for the interoperability of my equipment with state resources and I am personally responsible for all expenses that I incur or commit to with the Mobile Communication Voice and/or Data service provider. I recognize that my personal mobile communications device records could be subject to the North Carolina public records law. Date:					
Supervisor Certification					
I certify that I have reviewed	d appropriate documentation t		e being incurred by the employee is eq Allowance for the employee.	ual to or greater than	
Supervisor Signature	Prin	ited Name	Date		
Department Head (or Designe	e) Signature Prin	ted Name	Date		
Forward the completed form to the UNCG Human Resources Office at HROPS@uncg.edu or Faculty Personnel					

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Services prior to or no later than the established monthly personnel actions deadline date.

Important Reminders for Managing the MCD Allowance

- The maximum request period for the MCD allowance is one year. The MCD allowance termination date cannot exceed December 31st of the calendar year in which the benefit is requested.
- Termination refunds are not permissible.
- The MCD allowance is <u>not</u> subject to retroactive adjustments for pay.
- The MCD allowance is <u>not</u> an automatic transfer to a new position. This form only applies to the named employee, primary position and suffix for the stated time period. If the named employee *changes to a new position*, the employing department must complete and submit a new form to the appropriate HR office to support the employee's continued receipt of this benefit. This is not an automatic benefit under the new position and suffix.
- The supervisor of the named employee must ensure to receive a copy of the employee's cellular phone bill each year and must receive before submission of a new form to continue the MCD allowance.

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