

**Texas A&M International University**  
**COMMUNICATION ALLOWANCE PROGRAM**  
**ENROLLMENT FORM**

*(Form revised 12/15/11)*

Please complete, obtain approval signatures, and submit form to the Office of Budget, Payroll, and Fiscal Analysis.

Name (Last, First, MI)	UIN
Department	Work Telephone
Work Address (Including Mail Stop)	E-mail Address

The following is the monthly communication allowance as noted in TAMIU Rule 25.99.99.L1 and Standard Administrative Procedure 25.99.99.L1.01, Communication Allowance Program: **\$50.00 monthly communication allowance for any plan providing a minimum of voice and data service.**

I have read TAMIU Rule 25.99.99.L1 and Standard Administrative Procedure 25.99.99.L1.01, Communication Allowance Program, and understand the associated employee responsibilities. In addition, I understand that these allowances are considered taxable compensation subject to required tax withholdings and are **NOT** part of my base salary.

**Required Payroll Funding Information** *(to be completed by Department Head):*

PIN #: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ OBJECT CLASS: \_\_\_\_\_

Department Head Signature (Required)	Date
Appropriate VP Signature	Date
VP for Finance & Administration	Date
President Signature	Date

Original: Payroll  
Copy: HR File

*Privacy Notice: State Law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.*