

Texas A&M International University
COMMUNICATION ALLOWANCE PROGRAM
ENROLLMENT FORM

(Form revised 6/7/13)

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 Standard Administrative Procedure (SAP) 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 SAP 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.

Employee's Signature	Date
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Required Payroll Funding Information *(to be completed by Department Head):*

PIN #: _____ ACCOUNT # _____ OBJECT CLASS: _____

Department Head	Date
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Appropriate VP	Date
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VP for Finance & Administration	Date
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President	Date
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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.