

**ECD Allowance Request**

**Electronic Communication Devices and Services**

***HUMAN RESOURCE SERVICES***

**Please complete an ECD Request form ONCE each fiscal year: (1) for any employee already receiving a monthly allowance for electronic communication device or service and submit to HRS by June 15th for fiscal year employees and August 15th for academic year employees for the renewal of the allowance; (2) for employees newly qualified for an ECD allowance; (3) for change of status to ECD allowance; (4) for termination of ECD allowance; or, (5) for request of one-time payment of allowance for equipment.**

**\*\**PLEASE NOTE: INCOMPLETE FORMS WILL RESULT IN DELAYED PROCESSING****\*\**

Employee Name:       Employee Identification No:

Department:       Supervisor:

Begin Date:       End Date:       (Allowances will terminate automatically each fiscal year end).

**Amount** per pay period for ECD Allowance:        Bi-weekly  Monthly

Current Job Title:

Faculty  Contract Administrator/Professional  Classified Staff

Department Contact:       Extension No:

**Check Appropriate Box:**

Establish new ECD allowance for employee

Renew ECD allowance for fiscal year       (***Submit to HRS by June 15th each year*).**

Terminate ECD allowance for employee (Allowance will terminate automatically if not renewed each fiscal year).

Request one time allowance for equipment purchase

Change annual amount of ECD allowance / New Amount:

Change of Index number for ECD allowance / New Index:

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| --- | --- | --- | --- | --- | --- |
| **Position:** | **Index:** | **Account:** | **FTE:** | **Pay (Opt):** | **Special Conditions:** |
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**NOTE: If funding source is from a grant, you must verify that the grant is able to accept charges for the purpose of allowance to employees for electronic communication devices and services.**

**ECD form must be approved and signed by department Dean/Director and appropriate sector Vice President.**

Vice President----------------------President

Administrator ---------------------- Vice President

Faculty ------------------------------ Dean/Provost

Research Faculty ---------------- Dean/VP R&D

Professional ----------------------- Dean/Director

Staff --------------------------------- Dean/Director

**APPROVAL SIGNATURE(S) and DATE:**

      Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: