

**Departments must complete an ECD request form:**

- 1) Once each fiscal year for any employee already receiving a monthly allowance for electronic communication device or service and submit to HRS by June 30 for fiscal year employees and August 1 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 (Allowance will terminate automatically if not renewed each fiscal year).

**Employee's Duties Must Meet Eligibility Requirements and Supervisors Provide Justification to Approvers. To Establish the Need for an ECD Allowance for Employee, Documentation from the Employee and Supervisor Must be Provided With the Form Establishing the Following Criteria:**

- The employee has a documented, recurring business need for mobile phone use;
- The need cannot be adequately met through lower-cost alternatives (desk phone, IP Phone service, shared device, etc.);
- The employee's duties require regular and substantive use of a mobile device; and
- The employee meets at least one of the following:
  - The duties of the position may lead to potentially dangerous or significantly disruptive scenarios and situations with no other acceptable or reliable means of alternative communication.
  - The position duties require the employee to work regularly in the field and employee needs to be immediately accessible.
  - The position duties require immediate emergency response or decision making or the employee is responsible for critical infrastructure or operational support and needs to always be accessible.
  - The position duties require a significant amount of travel during regular work hours or outside normal hours but are related to official university business and needs access to information technology systems, in which the judgment of the university, render the employee more productive and/or the service of the employee is enhanced.
  - Other means of employee communication are insufficient to perform the essential functions of the position.

**An ECD Allowance *WILL NOT* Be Authorized For:** Employee preference or convenience; Incidental or occasional work use; Remote or hybrid status alone; Recruitment, or retention purposes; Positions with only occasional after-hours duties; Situations where regular university communication tools are sufficient.

**Once documentation has been provided and eligibility established, please provide that with the form to the appropriate Dean/Director in your department or unit. After the Dean/Director signature the form should be forwarded to the appropriate Vice President or Provost.**

**Completed forms must be returned to Human Resource Services at [ASKHR@mso.umt.edu](mailto:ASKHR@mso.umt.edu) prior to June 30.**

**Reminder, Employees Who Receive an ECD Allowance are Responsible To:**

- Maintain an active mobile service plan
- Provide their business phone number to the department
- Be accessible as required by job duties
- Notify the University within 10 business days of changes affecting eligibility
- Comply with all University IT, security, privacy, and records policies
- Provide documentation if requested
- Use hands-free methods and comply with laws while driving

All ECD Allowances are paid through payroll and subject to IRS regulations and withholding.

**Employees Who Receive an ECD Allowance and Use Personal Devices for University Business Understand and Acknowledge:**

- Personal devices used for University business may be subject to: University IT security requirements; Records retention and litigation hold obligations; Public records disclosure laws.

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This form must be sent to HRS for processing once requisite approvals have been obtained

Employee Name: \_\_\_\_\_ Employee 790# \_\_\_\_\_  
 Department: \_\_\_\_\_ Roster #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Begin date: \_\_\_\_\_ End date: \_\_\_\_\_ (Note: Allowances will terminate automatically each fiscal year end).

**Bi-Weekly amount of ECD allowance:**

(Note: Annual Amount divided by 26 equals the BW amount. Amount will be pro-rated by contract dates).

Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check Appropriate Box:**

- Establish new ECD allowance for employee
- Renew ECD allowance for fiscal year (Submit form to HRS by June 30 each year).
- Terminate ECD allowance for employee (Allowance will terminate automatically if not renewed each fiscal year).
- Change annual amount of ECD allowance / New Amount:
- Change of Index number for ECD allowance

Index:	Account:	Pay (Opt):	Special Conditions:
	61311		
	61311		
	61311		
	61311		
	61311		

**Funding 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.

**Form must be signed by department head and appropriate Vice President/Provost before sending to [ASKHR@mso.umt.edu](mailto:ASKHR@mso.umt.edu)**

Vice President/Provost----- President  
 Administrator ----- Vice President/Provost  
 Faculty ----- Dean/Provost Research  
 Faculty ----- Dean/VP of Res & Dev Contract  
 Professional ----- Dean/Director  
 Staff ----- Dean/Director

**Approval Signature(s) / Date:**

Dean/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VP/Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_