

**The University of Texas at Tyler**  
**Termination of Wireless Communication Device Allowance**

**Employee Name:** \_\_\_\_\_ **EMPL ED#** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

The above employee no longer meets the official state business requirements for a wireless communication device. Please terminate the monthly allowance as of \_\_\_\_\_  
date

\_\_\_\_\_  
Signature of Department Head

Date \_\_\_\_\_

***Please forward completed and signed form to the Payroll Office, ADM 110-A***