

End Mobile Device Allowance Form

Please complete this form if you are leaving the UW, transferring to another UW department or will be off work for an extended period. **This form must be scanned and emailed to fspay@uw.edu before your end date or the start of your leave** to ensure you will not be overpaid.

Employee Name: _____

Employee ID#: _____

Department: _____

Allowance End Date: _____

Employee Signature

Date

*Supervisor Signature

Date

*Only the supervisor's signature is required if the employee has already left or is on leave. The employee's signature can be left blank and the completed form should be distributed as indicated below.

Distribute form as follows: Original to be kept on file in the employee's department; one copy to the employee; one copy scanned and emailed to FS Payroll at fspay@uw.edu to process a Workday entry.