



CELLULAR SERVICE ALLOWANCE REQUEST

PROCEDURE:

1. Supervisor of employee completes this form
2. Vice President approves and signs the form
3. Send form **and recent monthly bill** to the Human Resources Office
4. Reimbursements will begin the first pay period following Human Resources Approval

Employee Name:	Cell Phone Number:
Title:	Department:
Campus Phone Ext.:	Supervisor's Name:

PLEASE CHECK PURPOSE OF REQUEST

The employee's job requires them to spend a considerable amount of time outside of their assigned office or work area during normal working hours and requires them to have regular access to telephone and/or Internet connections.

The employee's job requires them to be regularly accessible outside of scheduled or normal working hours. (This does not include occasional, incidental, or purely voluntary access, such as checking email from home.)

Remove allowance effective next pay cycle.

PLAN OPTIONS

Voice or Data Only \$25/month

- *Primarily need access to data with occasional need for phone/text
- *Primarily need to be accessible by phone with occasional need for text/data

Voice and Data \$50/month

- *Job requires substantial use of both phone and data

*** ALLOWANCE FOR PLAN OPTIONS IS BASED ON THE USAGE REQUIRED FOR JOB & APPROVED BY SUPERVISOR**

By signing below, the employee acknowledges he/she received, read and understand the University Cellular Service Allowance Request Policy and Procedures document and agree to comply with the policy, as well as the University's Computer Usage Policy. Failure to comply with these policies may result in discontinuation of allowance, as well as disciplinary action. By signing this agreement, the employee understands that his/her position requires this type of technology and that the University may require the employee to show proof of continued plan enrollment in order to be eligible to receive allowances.

Employee Signature:	Date:
Supervisor's Signature:	Date:
Vice President's Signature:	Date:
Human Resources:	Date: