

Mobile Device Allowance Request Form

Employee Name: _____ EMPL ID# _____

Job Title: _____ Cell Phone # (____) _____

Department: _____

***NOTE:** The allowance will commence the first semi-monthly payroll after this request is received in the Payroll Office with the appropriate approvals. This allowance will remain in effect until the Payroll Office receives a Cancellation Notification form from the supervising administrator.

Employee Certification and Signature:

I certify that I will use the funds requested toward the use of a mobile device and my mobile number will be made available to the College. I further certify that I have read, understood and intend to comply with the College's Mobile Device Allowance APM 04-1604. I understand I will receive this allowance in my semi-monthly paycheck and the allowance is a non-taxable income.

Employee's Signature

Date

Justification Statement:

Supervisory Certification and Approval:

I certify that the requested mobile device allowance is needed for this employee. I further certify that I have read, understood and intend to comply with the College's Mobile Device Allowance APM 04-1604.

Requested Allowance Level: Cellular Only - \$70

Cellular + Data - \$140

Supervising Administrator's Signature

Date

Authorized Approval:

Vice President

Date

College President, or Designee Signature

Date

Return to the Payroll Department at the AO

Received by Payroll: _____
Date and Initials

Payroll Effective Date