Cell Phone Allowance Request Form

Employee Name: ______________________________
(please print)

1. Please check the reason below why the employee requires a cell phone:

_______ The job description states that the job requires frequent travel and that performance of the job requires a cell phone while traveling.

_______ The job description states that the job requires access to a cell phone outside of regular business hours.

_______ The job description states that the job requires that the employee regularly be at locations without a University landline and that performance of the job requires access to a cell phone while at those locations.

_______ The job description states that the job requires a cell phone because of safety considerations.

_______ The job description states that the job involves critical, division-wide or critical institutional-wide decision making.

2. Please attach the job description and underline the section which supports the reason checked above.

3. Please check the allowance amount approved:

_______ $50 per month for voice/text.

_______ $60 Per month for voice/text/data.

Monthly Allowance Request Approved by:

________________________________________________________________________
Division Manager Date

________________________________________________________________________
Treasurer Date