



REQUEST FOR CELL PHONE ALLOWANCE

Form is to be completed prior to the beginning of each fiscal year (July 1 – June 30).

EMPLOYEE INFORMATION

NAME: _____

EMPLOYEE ID#: _____

DEPARTMENT: _____

BUDGET NUMBER: _____

DESCRIPTION OF BUSINESS NEED

TIER LEVEL REQUEST: Level 1 - \$30 Level 2 - \$50 Level 3 - \$75

Employee must provide a detailed explanation as to why he/she is making the request.

SIGNATURE

By signing this document, I acknowledge that I have reviewed the Allowance for Cellular Phone or Other Mobile Communications Devices Policy (4.39.1). I acknowledge that this request may be denied. If approved, I verify that I will sign up through eCentral for my allowances to be direct deposited monthly into my personal account.

Employee: _____

Date: _____

APPROVAL SIGNATURES

Supervisor: _____

Date: _____

Approve: Yes No

Vice President: _____

Date: _____

Approve: Yes No

College President: _____

Date: _____

Approve: Yes No

Financial Services Director: _____

Date: _____

Funds Available: Yes No

ADDITIONAL COMMENTS