



## 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.

### TIME PERIOD OF REQUEST

Request can be made on a monthly basis or up to one full year and is to be submitted prior to the beginning of each fiscal year.

YEARLY      Fiscal Year: \_\_\_\_\_

MONTHLY      Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

### 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