



## REQUEST FOR ALLOWANCE FOR CELL PHONE OR MOBILE DEVICE

### EMPLOYEE INFORMATION

NAME: \_\_\_\_\_ EMPLOYEE ID#: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

### DESCRIPTION OF BUSINESS NEED

Cell phone tier level request (monthly):                      Level 1 - \$30                      Level 2 - \$50                      Level 3 - \$75

Budget number for cell phone reimbursement:

Verizon MiFi Wireless Device (\$40.01 per month = \$480.12 per year)

Other type of communication device: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget number for other device(s) charges:

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 for cell phone allowance reimbursement, I verify that I will sign up through eCentral for my allowances to be direct deposited monthly into my personal account. If my request is for other mobile communication devices, I acknowledge that the other mobile communication device will be deducted from the specified budget number listed on this form on a monthly basis.

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