



**Wireless Telecommunication Device Allowance Request Form**

Name of Employee to be Given Allowance: \_\_\_\_\_

Title: \_\_\_\_\_

Office: \_\_\_\_\_

Description of employee’s business need for allowance payment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wireless telecommunication device allowance to be given to employee (please check one):

Basic Cell Phone Use <input type="checkbox"/> \$25/Month	Cell Phone With Data Usage <input type="checkbox"/> \$45/Month
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**Employee Certification:**

By accepting to receive a monthly wireless telecommunication device allowance, I acknowledge that the allowance amount will be included in my taxable income through the payroll process and that taxes will be applicable to the allowance benefit. I acknowledge that I have read and understand the College’s Wireless Telecommunication Device Allowance policy. I also acknowledge that it is my responsibility to make monthly payments to the service provider of the wireless telecommunication device and that I will seek any technical support that my device might need from my own service provider.

Employee’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Vice President’s/Designee’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed form to the Office of Human Resources**

**For Office of Human Resources Use Only**

**Allowance Amount**

**Allowance Start Date**

**Allowance End Date**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_