

Cellular Phone Allowance Request Form

SUNY Cortland has established a cellular phone allowance for employees who require a cellular phone to fulfill the requirements of their position at the college. **The employee must also submit a copy of their cellular phone agreement to begin receiving the allowance. If requesting a device allowance, must attach receipt. Device allowances will be provided once every two years.**

Employee Name: _____ Job Title: _____
 Department: _____ Account #: _____

Justification: *The employee meets the following documented official state business needs for a wireless communication device (check all that apply):*

- Responsibilities include making critical day-to-day business decisions requiring immediate attention
- Frequently out of office, in remote locations, or off campus and communication is essential
- Responsibilities involve significant time away from the desk or workplace
- Frequently engages in work-related travel
- Position is expected to receive and return critical calls outside non-working hours
- Designated as key personnel needed in the event of an emergency
- Other: Describe: _____

Request: Based on the business needs identified above, the employee is requesting the following allowance(s):

- Device:
 - Smart Phone (\$100)
- Data Plan Allowance - \$60/month

If, at any point, the employee is no longer justified for an allowance, it is the responsibility of the department head to notify Human Resources to discontinue the allowance.

Employee Signature	Total Allowance Requested	Date
Supervisor	Total Allowance Approved	Date
Next Level	Total Allowance Approved	Date
VP Signature	Total Allowance Approved	Date

Distribution:
 Original: Human Resources, 301 Miller
 Copies: Supervisor, Next Level, Employee

HR Use Only: Total Allowance: _____ Biw. Allowance: _____ Dates of Pmt: _____