

Cellular/Wireless 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 university. **The employee must also submit a copy of the most recent billing statement that includes the employee's phone number being covered by the allowance.**

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

This form is to request a monthly cellular/wireless phone allowance, including device costs, up to \$64.00 monthly not to exceed the total of the monthly bill covering the device's plan.

Please check one:

- New request
 Annual renewal due Jan. 31

Justification (select all that apply):

The employee meets the following documented official state business needs for a wireless communications device:

- 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: _____

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.

By signing this request form the employee and supervisors agree they have read, understand, and agree with the [Cellular/Wireless Phone Allowance policy](#).

Employee Signature: _____ Date: _____
Immediate Supervisor: _____ Date: _____
Next Level Supervisor: _____ Date: _____
Vice President: _____ Date: _____

Distribution:

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

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