

## Cellular Phone Allowance Form When complete, please forward to Payroll

For eligibility	guidelines please refer to the	Cell Phone Policy .	
Date			
Job Title			
Departm	ent		
Allowance Leve	)  *		
\$30 per r	month Average Usage		
\$60 per r	month High Usage and/or Smart Phon	e	
\$100 per	month Mission Critical High Usage S	mart Phones	
**This is a <u>taxal</u> paycheck.	ble allowance. One-half of the monthly a	lowance will be added to each semi-monthl	у
Employee:			
Employee.	Print Name	Signature	
Supervisor:			
,	Print Name	Signature	
Senior Staff:			
	Print Name	Signature	