



## Cellular Telephone Allowance Request Form

This form should be used in compliance with the Cellular Telephone Policy.

Must be completed and signed by both the employee and the appropriate Vice-President, Dean and or Campus Director.

**Employee Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Department/Location:** \_\_\_\_\_  
**Cell Phone Number:** \_\_\_\_\_

(Note: A copy of a recent cell phone invoice must be attached.)

**Allowance Start Date:** \_\_\_\_\_  
**Allowance End Date:** \_\_\_\_\_  
**Allowance Amount:** \_\_\_\_\_  
**Account Charged\*:** \_\_\_\_\_

A cell phone allowance is justified for these reasons (mark all that apply):

- This employee must be readily accessible in the event of an emergency.
- This employee is frequently away from access to traditional land-based phone services.
- This employee needs to be accessible after normal working hours.
- This employee's job duties are critical to the operation of the college and immediate response is needed.
- This employee's job requires the employee to be mobile with direct office contact.
- Other \_\_\_\_\_

### Employee Certification:

I have read and understand the Southern State Community College Cellular Telephone Policy. I certify that the above allowance will be used to cover College business related costs associated with owning the device.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice-President, Dean, and/or  
Campus Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date