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):

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

_____________________________________________ _____________
President Signature   Date

** Please contact the SSCC Webmaster at webmaster@sscc.edu for suggested updates or changes to this form **