SOUTHERN STATE
COMMUNITY COLLEGE

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 Campus Director Signature Date

_____ _____
President Signature Date

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