



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: _____

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