



CELL PHONE ALLOWANCE PROCESSING FORM

REQUEST TYPE

- New Request
Modify current allowance
Terminate current allowance

Effective date of allowance, modification or change

SECTION I Employee's General Information

Please provide the following information pertaining to the employee for whom the cell phone allowance request, modification or termination is being requested.

Table with 2 columns: Employee's Name, Job Title, Office Phone#, Email, Employee ID, Department, Cell Phone #, Cost Center

ALL CELL PHONE ALLOWANCES ARE A MAXIMUM OF \$45.00 PER MONTH

SECTION II Complete this section for a new request

The Justification/Business Purpose: (Select all that apply)

- Employee's job function requires spending a considerable amount of time away from assigned office or work and it is essential to the University that the employee be accessible during those times
Employee's job function requires continuous accessibility beyond scheduled or normal working hours
Employee's is required to have access to email outside of the office or beyond normal scheduled working hours and it is essential to the University that the employee be accessible during those time

Amount of allowance

- \$45.00 per month
Other (can not exceed \$45.00 per month) per month

Section III Complete this Section for a Modification

I am requesting the following modification:

**SECTION IV Approval
President, Vice-President, or Designee**

Certification

I certify that the employee named above is required to maintain and carry a personal communication device to perform their duties and is qualified to receive the allowance pursuant to University policy FPU-6.0005P Cell Phone Allowance.

Signature

Signed date:

SECTION V Employee Acknowledgment

Certification

I certify that I have read and understand the Florida Polytechnic University policy FPU-60005P, Cell Phone Allowance. It is my responsibility to report changes or interruptions in service of the device to the applicable President/Vice-President/Designee. I also affirm that an allowance, other than the one stated above, is not being received from another department or activity affiliated with Florida Polytechnic University. Upon termination of employment or at the discretion of management, the Cell Phone Allowance may be modified or terminated.

I currently have a University issued cell phone

I do not currently have a University issued cell phone

Signature

Signed date:

Please scan and send the complete form to hr@floridapoly.edu for processing

SECTION VI Administration Review & Process

Date submitted to Human Resources

Budget Office

Signed date:

Human Resources

Signed date: