St. Olaf College
Cellular Phone Allowance Request Form

Employee Name: ________________________________ Date: ____________________

Department: __________________ Unit Number to Charge: 10 65918

Check the justification(s) that apply and provide a brief explanation.

[ ] More than 50% of work is conducted away from the campus office and there is frequently an urgent need to reach the employee to transact timely College business-related communications.

[ ] The employee must be regularly contacted for crisis and/or emergency situations after normal business hours.

[ ] The employee is on call 24/7.

Explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Type of cellular device request:

[ ] College owned

[ ] On-Call shared department phone for multiple individuals or working hour use only

[ ] Taxable allowance: Monthly voice allowance ($20) $ __________

Monthly voice & Data allowance ($50 or actual cost, whichever is less) $ __________

Month to begin cell phone allowance: ________

***You must attach a detailed copy of your most recent bill as documentation to justify the allowance.

The allowance must fairly represent only the business use of the phone, and the employee must contact his/her supervisor in writing if the business usage significantly declines for a sustained period.

*Please note that this allowance will continue until the payroll office is notified otherwise or until the college reassess the plan and amounts.* The allowance will be included as taxable income on the employee's W-2. Appropriate payroll taxes on the allowance amount will be withheld from the paycheck, and the amount of the allowance will be included on the eligible employee's year-end W-2. The allowance does not constitute an increase to base pay, and will not be included in the calculation of percentage increases to base pay due to annual raises, job upgrades, benefits based on a percentage of salary, etc.

Employee Certification

I certify that the requested cell phone services are needed for St. Olaf business purposes. I have read, understand and intend to comply with the College’s cellular device policy. (insert URL) I never store or transmit St. Olaf confidential data with my cell phone. I have read the data security policy and am aware of the rules and data elements that are subject to data privacy rules. http://www.stolaf.edu/services/iit/information_security/ I will not use my cell phone to conduct St. Olaf business while driving or operating machinery.

Employee Signature: __________________________ Date: __________

Printed Name: ________________________________

Supervisory Signature: __________________________ Date: __________

Printed Name: ________________________________

Vice President & CFO: __________________________ Date: __________